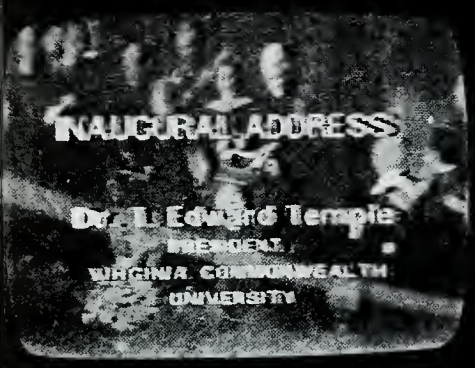
VCU Magazine February 1976



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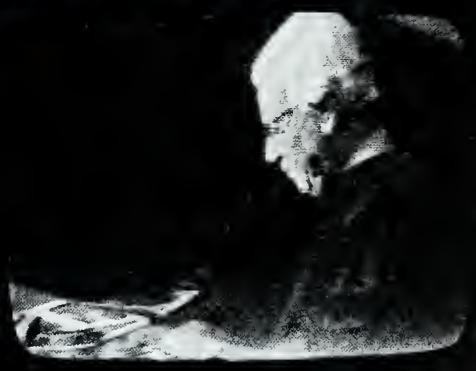

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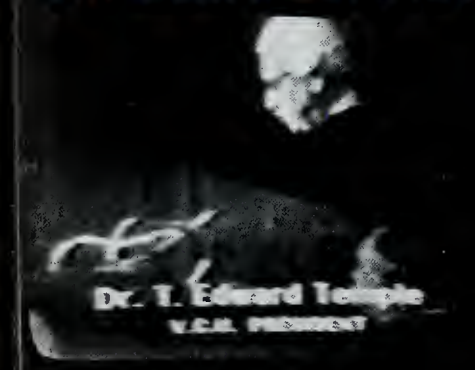

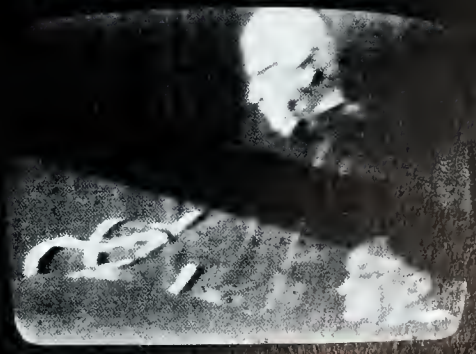

VCU Magazine

February 1976
Volume 5, Number 1

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Cover: T. Edward Temple was inaugurated as the second president of Virginia Commonwealth University on December 4, 1975. The two-hour inaugural ceremony was broadcast over educational television station WCVE, Channel 23 in Richmond. The cover design and photography are by Scott McCarney, a senior student in the communication arts and design department's university graphics class. The photographs were taken from a television screen during the evening broadcast.

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Virginia Commonwealth University

The second inaugural address

T. Edward Temple was inaugurated as the second president of Virginia Commonwealth University on December 4 in ceremonies at the Richmond Mosque. Governor Mills E. Godwin, Jr., delivered an inaugural message, and spokesmen for alumni, students, faculty, staff, delegates, the State Council of Higher Education, and the City of Richmond brought greetings to the new president.

In addition to former governors Linwood Holton and Albertis S. Harrison, Jr., other state dignitaries and forty-two college presidents—some from as far away as Texas—marched in the colorful academic processional. Altogether, 255 colleges and learned societies sent representatives to participate in the day-long inaugural events.

Prior to his becoming president on June 1, 1975, Temple served as vice-president for development and university relations and as chairman of the interim committee appointed to run the university after the resignation of President Warren W. Brandt in September 1974. Before joining the university in January 1974, Temple held the top administrative post in state government under Governor Holton. A graduate of the College of William and Mary, Temple also served as city manager of three cities: Hopewell, Virginia; Spartanburg, South Carolina; and Danville, Virginia.

The inauguration was highlighted by Dr. Temple's inaugural address, which follows.

In 1968 the General Assembly approved a recommendation from the Wayne Commission that the Richmond Professional Institute and the Medical College of Virginia merge to form Virginia Commonwealth University. The purpose of this university is to provide an educational environment nurturing and stimulating teaching, research, and service. Sensitive to the needs of urban life in the commonwealth, we shall continue to promote the pursuit of knowledge and the development of professional skills.

Since my appointment to the presidency on June 1, I have tried to find some tentative answers to a wide spectrum of questions, and I have searched my soul in an attempt to chart a course in the right direction for this university. Among Walt Whitman's voluminous writings is a poem titled "Going Somewhere" in which he says:

The world, the race, the soul—
In space and time the universes,
All bound as is befitting each—
All surely going somewhere.

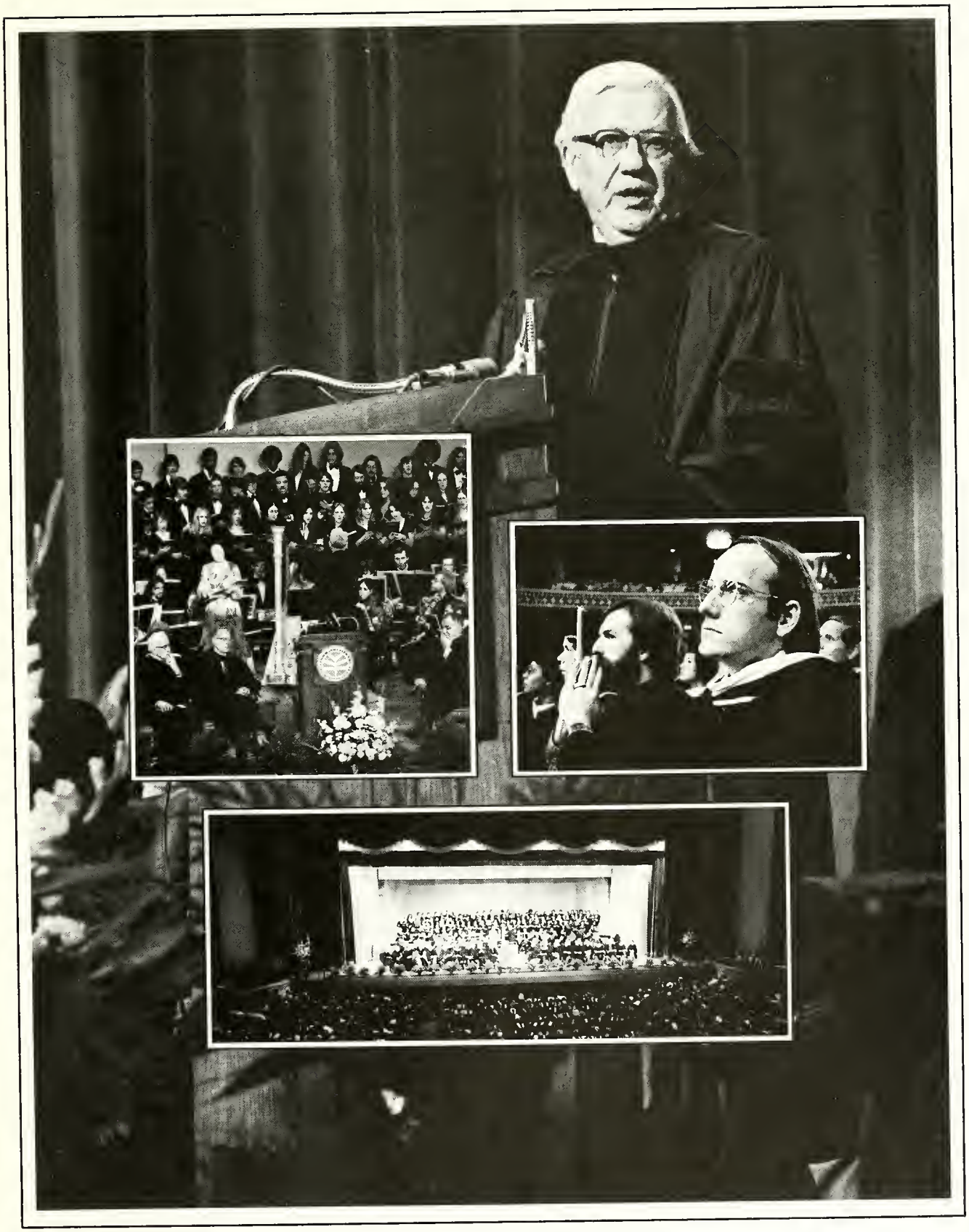
This university, also, surely is going somewhere, and although I am not gifted with the mysterious ability to foretell the future, I know that by virtue of the position which has been entrusted to me that the goals and aspirations of Virginia Commonwealth University are inextricably woven with my perception of higher education.

We have, indeed, left the so-called golden era of higher education in the 1960s, when aid from federal and state governments supported the indisputable premise that a nation's true wealth lies in the educational quotient of its citizens. That premise is no less meaningful today, but we have to be realistic in acknowledging that we are now in an era marked not only by scarce resources, but also some public skepticism of all institutions, higher education included.

Events of the past decade only serve to amplify what we have always known, that we in higher education cannot carry on our work in splendid isolation. If, as in John Donne's famous line, "No man is an island entire to himself," we see dramatic evidence each day that the world is increasingly becoming a global village. Perhaps we expected higher education to bring about almost instantaneous solutions to problems that have plagued the world for thousands of years. When we see that hundreds of millions of our fellow human beings live, or rather barely exist, on a near-starvation diet, or watch the United Nations organization become a sounding board for deep-rooted hatreds and distrusts of race against race instead of the unifying ideal it was meant to be, we realize how little we have accomplished in the basic problems that plague mankind.

Yet, rather than take a pessimistic view of human nature and denigrate our human potentialities (or blame education, as some would do) because the world is no better than it is, I believe that these problems highlight the urgent need for universities to work harder than ever for solutions.

I would like to think that institutions are shaped according to the best visions of the best individuals in them. Unfortunately, sometimes institutions are simply the sum total of the historical accidents that predetermine their destiny. Like the sand dunes along the seashore, they are shaped by



influences but not by purposes. I have a conviction that "men can shape their institutions to suit their purposes" provided they are clear as to what those purposes are, and provided that they are not afflicted with the diseases of which institutions die—fatal institutional diseases such as complacency, myopia, and indecision.

The goals of the university are so lofty that it makes us a little uncomfortable to say them out loud. When we do, we hear phrases like "help each individual to develop the best that he is capable of," "prepare students for lives of service," "push forward the frontiers of knowledge," "preserve, communicate, and extend the wisdom of ages," "serve society's long-term needs." If these goals seem too exalted, or perhaps too idealistic, let us remember that universities are expensive institutions, requiring for their continued existence, enormous investments of time and money on the part of students, parents, faculty, staff, taxpayers, and donors. In truth, a university serves a *multiversity* of interests, aspirations, and goals, and we cannot justify our existence if we settle for less than the loftiest ideals.

If the best interests of the university are to be served in the years ahead, it is important that we understand, I think, the role of the university president. It has been a changing role throughout the history of higher education in this country; indeed, it is a position that has fluctuated considerably in its degree of influence. At one time, to be a college president was simply to act as an agent of the board of trustees. After the Civil War, the president assumed the role of dominant leader. And then, after World War I, faculty organizations began assuming more control. During the second half of the 1960s, we witnessed a traumatic erosion of presidential influence with the rise of student unrest. It was a period when we saw expansion of the authority of state agencies and a rapid replacement of presidents. For any institution to grow, the leadership of that institution must be viable. For Virginia Commonwealth University to emerge as a great urban university, it must have viable leadership, also.

Let me suggest what I believe to be some essential characteristics of a successful university administrator.

The administrator of today must have a genuine understanding of management skills. He must be competent in the science and art of managing large organizations, drawing to each task the variety of talents needed. Clearly, he must recognize the difference between a business organization and an educational enterprise, for their orientation and goals are not always congruent. Education is sometimes filled with examples of confused job assignments and platitudes regarding teaching, learning, and counseling. Good management, therefore, demands that clear-cut job delineations be made.

When success seems almost inevitable in days of plenty, there is an ample supply of persons to take the bows. But when times become difficult and accountability becomes crucial, critics as well as supporters look for the person in charge. So, with the opportunity to be counted also must be coupled the chance and the clout to correct errors and chart better paths toward solutions. If the faculty and staff of Virginia Commonwealth University are unsure of what is expected, if the public is misguided about the job to be done, if the donors are distrustful, then education falls short in the progress it can make.

> **Educational innovation will certainly remain high on my agenda.**

To accomplish these goals will take the most creative kind of planning, the kind which utilizes innovation yet recognizes those legacies from the past that must remain if we continue to strive for sound learning and quality education.

In assisting faculties to consider new and better formats for learning, the president will display a sympathy for and an understanding of the components of good education and the learning process. Educational innovation, mixed with an appreciation for sound traditional values, will certainly remain high on my agenda.

In any enterprise, the manager, in this case the president, has a prime responsibility to keep it afloat and alive. The loyalty involved in this kind of commitment is highly important to others in the organization. Obviously, all members need to feel convinced that leaders hold a high degree of commitment to the institution in order to develop their own commitment. A survey of institutions that are moving forward will support the finding that good morale exists throughout its constituency. A healthy climate combined with the faith that success is attainable and will be reached is a giant forward step toward that goal.

A difficulty in our complex, segmented world is that leaders are sometimes isolated and don't receive enough information. It's like trying to take a pulse by remote control. As president, I want to know not only the heartbeat of the deans but also the faculty, the students, and the community. In other words, I want to keep up with the tides of feeling.

Universities have demonstrated that they understand more fully than most the increasing need for life-long education, the importance of mid-career training and redirection, and the growing need for part-time as well as full-time educational opportunities. To do all these things we need the help of the community at large, business leaders, political leaders, and civic leaders. We must avoid budget-induced temptation to become all things to all people. We cannot become simply repositories for remedial programs designed to correct problems that have developed possibly in high schools. Nor can we become substitutes for the world of vocational and technical training. The pressures will be great to do all these things in the years ahead. The importance of humanistic learning, of analytical thinking, and individualized creativity must be understood by our boards, the legislators, the citizens of this state, and indeed, our constituency wherever it is served by the graduates of this university.

We have had many crises in higher education in the past half-century. The depression years, the half-filled buildings of World War II, and the troubled 1960s have taught us something about survival. But today, the crisis is one of leadership and, therefore, is more personal in its application and more difficult in its resolution. It is not necessary to tell you how much is at stake or how elusive true leadership is, but wherever it exists, morale flourishes, people pull together toward common goals, spirits soar, order is maintained, not merely as an end in itself but as a means to move forward together. Such leadership has a moral as well as an intellectual dimension. It requires courage as well as wisdom. It does not simply know, it cares. When a faculty, student body, and president really care about one another, they have the potential to rise out of the depths even to the very heights.

We are living in an age which increasingly refuses to come to grips with the universal ethical values which every great philosopher and religious leader has articulated as the basis for a rational and healthy society. In our preoccupation to view all values from every perspective, we too often cop out with the half-truth that everything is relative. Because of the pervasiveness of our mass communications, every concept, whether as old as Plato's notion for an ideal republic or as new as the effect of computers on the next generation of Americans, is super-scrutinized, vigorously declaimed, or dramatically defended in the clamorous court of public opinion. There are so many varieties of persuasion promulgated by hundreds of thousands of professional persuaders that we are often hard-pressed to believe anything completely.

> **No university can allow itself to be uninvolved in moral and spiritual issues.**

In a society where the average American adult is exposed to nearly 100,000 ads or commercials each year in our most commonly used media, where a former president of the United States could appear in the homes of virtually every citizen via television and vow that he knew nothing about the shoddy affair at the Watergate Apartments, we see a constant eroding of the ethical values that were expressed so perfectly in the parables of Christ and in the sayings of Buddha, Confucius, and the other great philosophers of the past.

A viable university cannot afford to sit passively by and wash its hands of responsibility for the society outside its cloistered walls. For it has been said, and I think rightly so, that those who do not learn from history are doomed to repeat their errors. In the words of H. G. Wells, "Human history becomes more and more a race between education and catastrophe."

No university worth its salt can allow itself to be uninvolved in moral and spiritual issues, and although it can and must be receptive to many points of view, the university cannot be all things to all people. It must take a position that is rooted in the vestiges of morality and ethical insights that have kept us, thus far, from blowing this planet to pieces.

It is the mandate, yes, even the duty of the university to speak out when we see aspects of our contemporary society which would, if unrestrained, weaken and eventually destroy the unique dream of our American forefathers. A few months ago, for example, President Alan Simpson of Vassar College decried the current "cult of vandal-worship" which had appeared not only on his campus but is widespread throughout the country at large. He noted that when he spoke of vandals, per se, he was pointing to the guilty few. But, as he said, "When I speak of vandal-worship, I mean everything which is involved, consciously or unconsciously in the *tolerence* of vandalism by the majority. . . "

Two hundred years ago, our forefathers here in Virginia dedicated their efforts, and indeed their very lives, to a revolutionary cause. Not every American colonist was convinced of the relevance of that cause; one-fourth of them remained loyal to the British crown and, yet, another quarter were apathetic to the struggle. Early in 1776, while the American cause hung precariously in the balance, a remarkable pamphlet was published titled *Common Sense* by its author Tom Paine. In the words of George Washington, "It worked a powerful change in the minds of many men."

If Tom Paine were living today, would he not write yet another angry polemic against those aspects of the contemporary American scene which would seem to him no less than a betrayal of the ideals that motivated the first American revolution?

I feel very strongly that an urban university such as Virginia Commonwealth University, if it is to achieve greatness, must address itself to some solutions of these problems that would distress Tom Paine or Virginia's Thomas Jefferson were they to walk through our streets again today. We, the higher education sector, have spent innumerable hours dissecting sociocultural reasons for this malaise of spirit that permeates our society. We have written monographs and learned dissertations that fill vast walls of our libraries to explicate the most minute details of our social disorientation.

I would ask my colleagues in this university to consider whether the time has not come for us to set up conferences and develop other planning techniques which would focus on solutions, or at least the correct path to follow, if we are to provide solutions to the deteriorating quality of American values. I am quite aware that we have a plethora of conferences every month or maybe every week. But the high esteem in which I hold my colleagues on the faculty leads me to believe that their cumulative knowledge and insights could produce new and more effective planning procedures. We must dedicate the intellectual resources of this university to a serious examination of the erosion of American values; we must convene scholars and the men and women of policy to affirm our capacity to discover the solutions.

A university represents a storehouse of knowledge that forms the foundation for the type of search and research that will enable scholars and practitioners from diverse disciplines to seek answers to problems that confront and threaten human existence.

> **We must avoid budget-induced temptation to become all things to all people.**

The struggle for survival has always been a highly motivating factor, and it has been the very nature of the human race to give the best account of itself when conditions were most difficult. Perhaps, the difficulty of present problems can become a great motivating force that will give us the courage and the skill to achieve the seemingly impossible in turning back the tides of apathy and decay.

Surely, the colleges and universities of this great nation can become lighthouses of hope to dispel the clouds of doubt and frustration that blind our vision of what can be accomplished through courage, faith, and sacrifice.

Virginia Commonwealth University—with the support of the board of visitors, the faculty, the staff, the students, the alumni, and friends—will dedicate its vision, energy, and resources to being one of these lighthouses of hope to help build a better world

Monumental Church: A history

by George B. Roycroft

In 1786 the block bounded by Broad, Marshall, Twelfth, and College streets—today the heart of the Medical College of Virginia campus—was given the name Academy Square. Monsieur Quesnay de Beaurepaire, an idealistic young Frenchman who remained in Virginia after captaining American troops during the War for Independence, founded an ambitious academy of arts and sciences on that hilltop site. He envisioned in Richmond, the new capital of Virginia, an academy engaging professors from Europe and rivaling—in spirit at least—the great French Academie.

So successful was M. Quesnay in enlisting the support of influential citizens in Virginia and other states that he soon raised a considerable sum by subscription. On June 24, 1786, he assembled a large and distinguished audience on what is now the site of MCV West Hospital for the laying of the cornerstone for the first academy building. Quesnay then returned to Paris to pursue his grand scheme for introducing French culture to America.

While in the French capital he obtained the support of powerful and influential leaders, among them the Marquis de Lafayette, the sculptor Houdon, the chemist Lavoisier, and Thomas Jefferson, then American minister to France. But before the academy's first professor could sail for America, realization of Quesnay's dream was diverted by the French Revolution. His plan failed because France at the start of the revolution was in no position to attempt an educational program in the United States.

■ While Quesnay was in France drumming up support for his educational enterprise, the academy building he left behind in Richmond was the scene of one of the most dramatic events in American history. For three weeks during June 1788, the 170 delegates to the Virginia Convention met in the academy's assembly hall and discussed—article by article, section by section—the federal Constitution proposed in Philadelphia just the year before. Nine states had already ratified it. Yet the success of the new government depended upon the two most populous states—Virginia and New York.

Public opinion in the Old Dominion was so widely divided as to leave ratification in doubt. To resolve the controversy, the Virginia General Assembly directed that the proposed Constitution be submitted to a specially elected state convention. On June 3 the delegates assembled in the building on Academy Square and the debate began. Leading the fight for ratification was James Madison. The opposition was led by Patrick Henry and George Mason. Those opposed feared that the states would lose to the central government the control of their own affairs. Many also objected because the new Constitution did not contain a Bill of Rights.

As the debate ended on the morning of June 25, supporters recommended that Congress propose amendments that would safeguard the rights of individuals and the states. Their resolution narrowly passed—89 to 79—and the union was assured.

■ From the very start the assembly hall in the academy building was used for theatrical performances. Thus, when the academy failed, the building became a permanent playhouse, and the square, Theatre Square. A fire in 1803 destroyed the frame structure, and the cornerstone of Quesnay's academy was lost forever. Presumably, it lies buried somewhere in the vicinity of MCV West Hospital and the A. D. Williams Memorial Clinic.

Three years later, a second building—of brick and designed as a theatre—was built at the opposite end of Theatre Square near what is now the corner of Broad and College streets.

■ No longer was Richmond a frontier town. By 1811, Virginia's capital had some 10,000 citizens and had become a center of politics, trade, and culture. President James Madison had recently appointed Governor James Monroe to be his Secretary of State, and to fill the vacancy the state legislature elected Lieutenant Governor George William Smith. He took office on December 6, 1811.

On the day after Christmas, the governor and an estimated 600 persons—among them legislators and some of the most distinguished and refined citizens of Richmond—crowded the theatre for a benefit performance. The largest house of the season had come to see a new play and to honor Harry Placide, the popular director of the theatre company which bore his name.

The play, *Family Feuds*, a translation of a Diderot melodrama, was followed by a comic pantomime, *The Bleeding Nun*. As the curtain fell on the first act of the afterpiece, stagehands hurriedly prepared for the brief final act. The boy in charge of raising the chandelier which had illuminated the preceeding scene noticed that one of the wicks was still burning. As he was about to lower the chandelier to extinguish the flame, one of the actors commanded him to hoist the prop. The authoritarian tone frightened the boy and he obeyed. In an instant, the oil-painted scenery which was suspended above the stage ignited.

Alarm swept behind stage. One of the stagehands scampered aloft and slashed the cords suspending several scenes. Canvases dropped to the floor, but the burning scenery remained suspended. As the flames leaped to the pine roof, the stagehand panicked and fled for his life. Actors and stagehands frantically began yanking down the scenery, concealed from the audience's view by a curtain.

As the second act opened, the audience's attention was focused on an actor playing downstage near the orchestra. Not until sparks began to drop around the startled performer did the audience have any inkling of the danger. For a moment many assumed that it was all part of the play and remained in their seats. Then another actor came from behind the stage, pointed to the ceiling, and announced, "The house is on fire."

Cries of Fire! Fire! swept through the crowd. Everyone raced from their seats and pushed for the stairs and exits. Columns of smoke curled about the theatre. Flames licked at the pine timbers. Panic prevailed. The stairways were jammed. People were trampled.

Several blocks away Mrs. George Mayo heard the news of the fire and awakened her slave, Gilbert Hunt, to rescue her daughter who had gone to the theatre that night. Hunt, a powerfully built blacksmith, ran to the theatre. Inside, Dr. James D. McCaw reached one of the windows and kicked out the sash. He spotted Hunt outside and called for him to stand below and catch those he lowered from the escape. He grabbed the woman nearest him and dropped her into Hunt's outstretched arms. One by one, the brave physician passed some ten or twelve women, including his own sister, to Hunt and safety.

As the wall began to totter, the doctor sought to save himself. He leaped from the window, catching the leather gaiter he always wore on a hinge. For a moment he hung suspended. Finally, he fell, ripping the muscles and tendons of his leg. Hunt dragged him across the street and propped him against the wall of a Baptist meetinghouse, just as the theatre walls collapsed.

More than seventy people perished in the blaze, among them Governor Smith. Inaugurated just three weeks before, the governor had led his wife to safety before he plunged back into the inferno in search of a young woman in his party.

Richmond was grief-stricken. Hardly a family in the city was untouched by the tragedy of December 26. On the following day a mass-meeting was held in the

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Right: Engraving of Mills's design for Monumental Church, published in London in 1831, and an artist's conception of the theatre fire, published in Philadelphia in 1812.

EPISCOPAL CHURCH AT RICHMOND, VIRGINIA.

Capitol two blocks away. It was declared that the following Wednesday would be a day of fasting and prayer. Citizens of the city were requested to wear crepe for thirty days. The Common Hall, as the city council was then called, closed all businesses for forty-eight hours and prohibited all dance halls and amusement places from opening for four months. It also ordered that the city purchase the theatre site so that the victims of the fire could "be interred on the spot where they perished, and that the site of the theatre [could] be consecrated as the sacred deposit of their bones and ashes."

The entire country joined the city in mourning. The U.S. Senate voted to wear black armbands for a month. Resolutions of sympathy poured in from distant cities, and preachers everywhere took to their pulpits to bemoan what was described as a "calamity unknown in the annals of our country."

Soon it was agreed to erect a monumental church on the theatre site. A committee, headed by Chief Justice John Marshall, was organized to receive subscriptions to build the memorial. And just seven months after the fire—on August 1, 1812—architect Robert Mills directed the laying of the cornerstone of Monumental Church.

■ Robert Mills, a brilliant young architect, won over several more experienced competitors the bid to design the memorial church. The thirty-one-year-old South Carolinian, however, was well prepared for his architectural career. He had worked with some of the best architects of his time—first with James Hoban, the Irish-born architect of the White House, and then with Thomas Jefferson, at Monticello. Later, he joined the office of English-born Benjamin Latrobe. In fact, Mills claimed that he was the first native-born American professionally trained as an architect, though he was not the first architect. His American predecessors had been trained only as building craftsmen or were untrained amateurs.

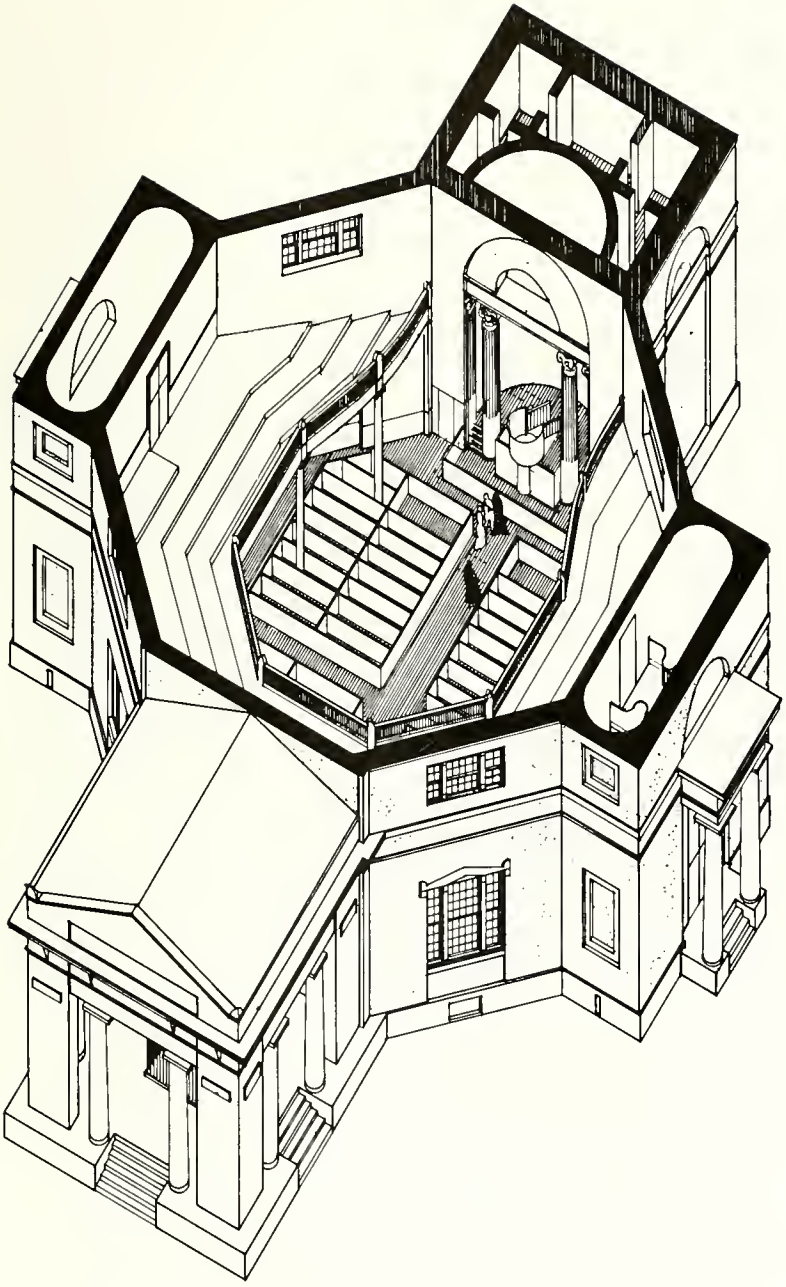
When he received his Richmond commission, Mills had already established himself as a thoroughly independent architect. His rotunda-style Samson Street Baptist Church in Philadelphia, completed in 1808, represented a marked departure from previous church architecture. By the early 1800s, eloquent preaching had become popular in Protestant churches, and Mills's rotunda-, or auditorium-style, church emphasized seeing and hearing the preacher rather than the performance of sacred ritual. He employed similar rotunda schemes in his Monumental Church and in two other churches. Of the four, only Monumental survives; however, his designs profoundly affected the general concept of Protestant churches for many decades thereafter.

Above: A photograph from the 1920s showing the exterior of Monumental Church as it has appeared throughout the twentieth century. *Below:* The interior of the church as it has appeared since about 1900. White areas on the walls show the deterioration in 1970.

Apart from his contributions to early nineteenth-century church architecture, Mills is better known as a builder of monuments. He designed the Doric column erected in Baltimore between 1815 and 1829 as a monument to George Washington. Later he designed the soaring obelisk in Washington, D.C.—the Washington Monument—also dedicated to the nation's first president. He eventually established an almost national style with his buildings in the nation's capital: the Treasury Building, the Post Office Building, and the Patent Office (now the National Portrait Gallery).

Two examples of Mills's residential architecture still survive in the middle of the MCV campus—the Brockenbrough residence, which became the White House of the Confederacy (now the Confederate Museum) and the Wickham-Valentine house (now the Valentine Museum)—both built between 1812 and 1816. He also designed the Richmond City Hall built in 1816 and demolished in 1874.

■ After the disastrous fire, the citizens of the commonwealth were consumed with a pious desire to erect a memorial to those who died. Although resources were scarce—the British blockade of Virginia ports during the War of 1812 had rendered the crops valueless—Richmonders and fellow Virginians of all creeds sacrificed and gave generously to build Monumental Church. By a vote of the subscribers, it was decided that the new church should be affiliated with the Episcopal Diocese of Virginia, then in serious decline. Following the Revolution, the Anglican, or Episcopal, Church—like all things English—became unpopular. Even though the Revolutionary leaders had been Episcopalians, there were few devoted members left and the denomination seemed about to disappear from the Old Dominion. And for the two years from 1812 to 1814 the diocese was without the services of a bishop and was unable to provide the salary for one. In May 1814 diocesan officials arranged to elect the Reverend Richard



Channing Moore of New York bishop, provided Monumental Church would aid in his support by making him the first rector.

■ When it opened for worship on May 4, 1814, Monumental Church had a dignity unlike that of any other church in the city. Located in what was known as the Court End of Richmond—then the wealthiest residential section of the city—the church attracted many of the city's most prominent worshipers. Among the pewholders were Chief Justice John Marshal and John Allan, stepfather of Edgar Allan Poe. Every governor save two until 1846 worshiped at Monumental Church. Lafayette attended a Sunday service there on his visit to Richmond in 1824.

Gradually the city grew westward, leaving Monumental Church far downtown. When the church was little more than a quarter century old, the vestry and nearly all the congregation decided that they wanted a new church. They built adjacent to Capitol Square, and in 1845 they moved to St. Paul's Church, carrying with them the rector, vestry, and all the church records. (That was the same year that the Egyptian Building, MCV's oldest building, was completed at the corner of Marshall and College streets, just behind Monumental Church. Both St. Paul's and the Egyptian Building were designed by Thomas Stewart of Philadelphia.)

The thirty-eight members who stayed behind at Monumental Church invited a struggling little congregation down the hill near Seventeenth Street to join them in forming a new congregation. Monumental Church then flourished again in the years after the Civil War. But as the westward migration continued in the 1880s, members of the congregation living further uptown wanted a church nearer their homes. All Saints Church was built, and on Christmas Day 1888, forty-three of Monumental's most influential and wealthiest families transferred their membership there. The next year the rector, Dr. John Brockenbrough Newton, startled everyone by announcing that pew rents would be abolished and that the church would be open and free to all.

Around 1910 Monumental Church again began to lose communicants. The neighborhood had declined as its residents moved to the newer, more fashionable residential areas to the west. Eventually the Sunday School—the first in Richmond when it opened in 1817—closed for lack of children.

In 1911, as the church's centennial year approached, the vestry was far-sighted enough to see the need for establishing an endowment fund for the

Left: Architect's conjecture of how the church actually appeared prior to the alterations of 1845.

building itself, realizing that the dwindling congregation could no longer be called upon to maintain a shrine. An endowment fund of $30,000 was established in 1914. Still, by the time its sesquicentennial approached, the remaining congregation realized that Monumental Church could not remain an active Episcopal church. Yet the congregation was determined that the shrine should be maintained. They proceeded with much-needed repairs to the roof and restuccoed the building's exterior. Finally, a happy solution was reached. The church was deeded in 1965 to the Medical College of Virginia Foundation, a private corporation, which could, if it so wished, operate Monumental as both a shrine and as an ecumenical chapel. The endowment fund, which had increased to approximately $180,000, was also put at the disposal of the foundation's trustees to assist in the church's upkeep. Four years later Monumental Church was declared both a state and national landmark and was listed in the National Register of Historic Places.

■ The design of Monumental Church takes into account its dual function: to serve as a memorial to those who perished in the tragic theatre fire and to serve as an Episcopal parish church. The stone portico which shelters the monument bearing the names of the deceased becomes almost a separate building from the stuccoed church behind it. The church is a two-story octagonal structure crowned by a low, circular dome and a lantern. A famous engraving of the church reveals that Mills originally planned a statuary grouping atop the monumental porch and a tall spire at the rear of the church. The building as executed is simpler than he envisioned.

While the exterior of Monumental Church still resembles Mills's design, the interior was remodeled several times between 1845 and 1900 as liturgical notions changed. When the first congregation assembled in the church, the interior was flooded with light which poured in from windows, lantern, and a hidden window in the apse. The only burst of splendor in the otherwise monochromatic room was from the two Ionic columns in the apse, their marbelized dark green color and gilt capitals contrasting with the warm gray color of the walls.

From 1840 to 1920 the church was not considered a major architectural landmark, but only an aging and unstylish building in need of periodic updating. As its Classic Revival styling lost favor in the 1830s, the new congregation of 1845—after the departure for St. Paul's—hired fashionable New York architect Richard Upjohn, a proponent of the "high church" trend and the resulting Gothic Revival architectural style. On his advice, the original central pulpit was removed and the chancel rail was moved forward to create a space that would accommodate a separate pulpit, lectern, and altar. In 1850 a new organ was installed in the rear of the balcony.

During the late 1870s the Sunday School building (Teusler Hall), which had been added about 1840, was enlarged, destroying the east entrance to the church building. Toward the turn of the century the organ was moved from the rear balcony and a new organ case was placed in a bay to the right of the altar.

The interior was also completely redecorated. Stained glass windows were installed, the chancel extended, the dome frescoed, and a Resurrection scene painted on the curved wall of the apse. This redecoration was completed in 1901 and remained virtually unchanged until recently.

Today, Monumental Church is an early nineteenth-century shell enclosing a late nineteenth-century interior. In the early part of the century, light, airy spaces and extreme simplicity were preferred. But by the end of the century, the preference was for dark, somber spaces and elaborate decorative schemes.

After the ownership of Monumental Church was conveyed to MCV Foundation, several studies were commissioned in an attempt to arrive at a reasonable plan for preserving the 150-year-old landmark. A plan advanced in 1967 to refurbish the church as an ecumenical chapel for the MCV community was abandoned after a visit by members of the Society of Architectural Historians. They criticized the plan as being not "in keeping with the period in which the building was actually used as a church."

More recently the Richmond architectural firm of Glave Newman Anderson and Associates has conducted an extensive study of Monumental Church and has devised an "adaptive preservation" plan. (An exact restoration would mean replacing the metal sheathing on the dome—added in 1875—with wooden shingles, tallow candles for illumination, and potbellied stoves for warmth.) Since the early records of the church—those carried to St. Paul's—were destroyed in the evacuation fire of 1865, the architects examined archaelogical evidence to determine how the building actually appeared in the early nineteenth-century. They also found a drawing made in 1868 which attempted to reconstruct the original plan of the interior as it was prior to the extensive remodeling of 1846-1850. In the opinion of the architects, "this evidence supports an argument for a greater degree of restoration—as opposed to simple rehabilitation—than was previously thought feasible."

As a result of the most recent study, plans have been announced to raise at least $500,000 to restore Monumental Church to its early nineteenth-century appearance over the next five to seven years. Initially, funds for the project are expected to come from the MCV Foundation and the Virginia Historic Landmarks Commission, both of which have already funded the preservation studies. Additional funds hopefully will come from Virginia Commonwealth University, the state, and private sources.

The first phase of the project, costing an estimated $22,000, involves removing the structurally unsound Sunday School building (Teusler Hall) and restoring the east entrance to the church. The organ installed in 1894 has already been given to St. Bridget's Catholic Church in Richmond. Plans are underway to return to Monumental Church one of its earlier organs, to be installed in its former location in the rear of the balcony. The restoration plan also calls for restoring the apse and balcony to their original shape, replacing the stained glass windows with clear glass, and lightening the color scheme. Eventually new electrical, plumbing, heating, and air-conditioning systems will be installed.

When the restoration is complete, Monumental Church will provide the MCV campus with a nondenominational chapel and an auditorium, thus again serving useful functions within the community.

■ All through its history Monumental Church has been regarded more for its historical than its architectural significance—that is, until recently. Architectural historians, however, have begun to acknowledge architect Robert Mills and accord his Monumental Church its rightful place in the development of American architecture. Richmond preservationist Mary Wingfield Scott says that Monumental Church "is still one of the most interesting buildings in Richmond, on account of both its history and original design." Noted architectural historian Talbot Hamlin writes that Monumental Church was "as prophetic of the Greek Revival style still to come as it is expressive of the freedom of design which characterizes Mills's early work." Another expert, William H. Pierson, Jr., states: "Mills's achievement in Monumental Church was manifold. First, there is the decisive break with the colonial past. . . Mills's success also lies in the highly functional character of his building and in the imaginative and practical way in which he resolved an unusual and challenging problem. His design is both subtle and ingenious, an eloquent acclamation of his pragmatic opinion 'that convenience and utility were constituent parts' of beauty. Mills's consciousness that practical essentials were the root of good design was as uncolonial as his preference for the Greek style."

by George B. Roycroft

Aspirin is the most widely used pharmaceutical in the world. Americans alone consume forty tons of aspirin each day. And even though it has been in use for more than seventy-five years, scientists are still not quite certain how aspirin works or why it is so effective in treating a variety of ills—from headaches to rheumatic fever.

Despite its widespread use, doctors have known for some time that aspirin can be potentially dangerous—even fatal—to certain people, particularly asthmatics and those with ulcers. Recent research has also revealed that aspirin inhibits the aggregation of platelets, blood components involved in clotting, spelling possible hope for the victims of heart attacks. Two current studies—one about to be completed and the other just beginning—may answer some of the troublesome questions regarding the use of the world's first wonder drug.

In its almost-finished study the U.S. Food and Drug Administration is reviewing the safety and efficacy of aspirin as well as that of all nonprescription drugs. One member of the FDA's analgesic review panel is William H. Barr, Ph.D., professor and chairman of the Department of Pharmacy and Pharmaceutics in the School of Pharmacy at the Medical College of Virginia.

For the past three years Dr. Barr and other panel members have been analyzing scientific literature, manufacturers' claims, and the testimony of experts regarding the safety and effectiveness of pain relievers purchased over the counter by the self-medicating public. Once their work is completed sometime in the summer, the FDA's report will be published and used by the commissioner of the FDA, who will decide which products should be withdrawn from the market and the labeling that must appear on acceptable products. Although the FDA lacks the power to regulate exaggerated or ambiguous advertising claims—that is the responsibility of the Federal Trade Commission—Barr is hopeful that his committee's work will help eliminate misleading advertising of over-the-counter, or OTC, drugs. New FTC regulations, says Barr, now prohibit drug manufacturers from making advertising claims not in accord with restrictions on product labeling imposed by the FDA.

"Most aspirin advertising is misleading and purposefully so," states the pharmacy professor. As an example, he cites the phrase that a certain aspirin product "contains more of the pain reliever doctors prescribe most." The ingredient is simply aspirin. Obviously, to say that the product contains only 23 percent more aspirin when it costs three times as much as regular aspirin would remove the manufacturer's marketing advantage.

Dr. Barr also points out that several manufacturers of OTC drugs intentionally mislead the public as to the components in their products. For years some companies have regarded their ingredients as a trade secret, refusing to reveal either the active agents or their quantities. But now, under new FDA regulations, all drug labels must disclose the amount of every active ingredient.

Such action by the FDA has been necessitated by the fact that much aspirin advertising has given the consumer the impression that its product is something more than it really is. "The companies basically operate by developing brand name loyalty," explains Dr. Barr. "The customer is not supposed to know what is in the drug. He's just supposed to know that Anacin is Anacin."

According to Dr. Barr, there is little difference between some of the more expensive name brands and cheaper aspirin tablets. He cites again the widely advertised aspirin that supposedly contains "more of what doctors prescribe most." There is no difference between the name brand and standard aspirin except that the former contains a little more aspirin and an additive, caffeine, which has not been found to be clinically effective, reports Barr.

The slight differences among the hundreds of brands of aspirin on the market are not usually advertised by manufacturers, indicated the pharmaceutical expert. "The primary differences in the various brands are in the ways the aspirin tablets break up and dissolve," says Barr. He explains that some tablets may not dissolve readily and, therefore, may cause stomach irritation.

In addition to 320 milligrams of aspirin, the standard tablet contains several additional components, among them binders and disintegrating agents which affect the speed at which the tablet dissolves. A poor quality tablet not only dissolves more slowly but also can remain in the stomach longer where it can cause serious gastrointestinal bleeding and ulceration. Some suggest that aspirin tablets should be chewed—if one can stand the taste—or taken in hot water to speed the drug's absorption.

Buffered aspirin, however, supposedly dissolves more rapidly and causes less stomach distress than regular aspirin. While some authorities question one popular brand's advertising claims—"twice as fast as aspirin" and "helps prevent the stomach upset often caused by aspirin"—a professor of pharmacy at MCV, John H. Wood, Ph.D., is of the opinion that buffered aspirin is better. Dr. Wood was director of chemical research for the Bristol-Myers Company, makers of Bufferin and Excedrin, before coming to MCV six years ago. He says studies of buffered aspirin show that it is less likely to cause gastric irritation. He adds, though, that general surveys reveal that no more than 4 or 5 percent of the population ever experience any problem from aspirin taken occasionally.

Dr. Barr agrees with his colleague, adding: "My feeling is that a good brand of plain aspirin is usually quite adequate for the average person. It's what I use at home. On the other hand, it is clear that you get a more rapid rate

of absorption with Bufferin and even faster with Alka-Seltzer. But there's not any clinical evidence to show that the more rapid absorption actually cures a headache any faster. . . ."

"For a very few people, buffered aspirin seems to decrease gastric intolerence, and for these people it may be worthwhile. The point is, you usually end up paying more for these kinds of things, so you really have to decide whether or not you want to spend the extra money for a possible advantage."

Although buffered aspirin has been in general use only since World War II, the origin of aspirin goes back to the dawn of medicine. The medicinal value of certain leaves, bark, and fruits was noted early in Greek history by Hippocrates, who recommended the leaves of the willow tree to ease the pain of childbirth. It was not, however, until the development of organic chemistry in the nineteenth century that German chemists isolated the painkilling agent in the willow bark and called it *salicylate*, after *Salix*, the botanical name for the willow tree.

Around the middle of the nineteenth century, scientists discovered an easier way to get salicylate was to distill the flowers of the spirea plant, and it is from spirea that aspirin got its name. Later, salicylate was modified by chemically combining acetic acid, the active agent in vinegar, to produce acetylsalicylic acid, or aspirin.

With scientific development also came advances in technical processing. The early commercial methods for synthesizing acetylsalicylic acid used coal tar as a base; however, during the 1930s the petrochemicals used in making today's aspirin came into being.

At first aspirin was available only in powder form. Pills sold over the counter did not come into use in the U.S. until around 1915. In the beginning it was used primarily in treating rheumatoid disorders. It was not long, however, before aspirin's important analgesic, or painkilling, effect was observed, extending its use to include treatment for muscular aches and pains.

Today aspirin is a universal drug. Albert J. Wasserman, M.D., professor of medicine and chairman of the Division of Clinical Pharmacology in the School of Medicine at MCV, states that aspirin is one of the most effective pain relievers available: "Studies have shown that pain as common as headache and as severe as cancer pain responds to aspirin as well as to many of the medications that people tend to think are better."

A second use of aspirin is as an antipyretic; that is, it reduces fever. "Aspirin is really the prime example of a miraculous drug," says Dr. Wasserman, a 1951 graduate of the MCV School of Medicine. "Aspirin does not affect the temperature when it is normal; it only affects it when it is high, and it brings it down to normal and does not bring it to subnormal. There aren't many drugs that are so specific for a problem as that," says the clinical pharmacologist.

Another of aspirin's important characteristics is its anti-inflammatory properties, making it useful in treating inflammation of the joints, particularly arthritis.

Without question, aspirin has been the most widely used medication of this century—a testimony to its effectiveness and general safety. Yet, there is no such thing as a totally safe drug. Adverse effects may occur, even when aspirin is taken in proper doses. Such reactions, however, are rare and are most commonly attributable to hypersensitivity or idiosyncracy.

Among those in the high-risk category are the few individuals who are allergic to aspirin. "There is an unusual person, possibly one in a thousand," explains Dr. Wasserman, "who will develop a runny nose and bronchial spasm characterized by wheezing and respiratory distress. That person may even develop anaphylaxis, collapse, and die from taking a single aspirin tablet." Fortunately, such events are rare, but persons with a known history of asthma or other similar allergies should never take aspirin.

Another important group who are advised against taking aspirin are those who have ulcers. "In those individuals," says Wasserman, "who are subject to recurring bouts of symptomatic gastritis and ulcers, aspirin has been shown to increase the likelihood of ulceration and bleeding." Massive gastric hemorrhaging as the result of aspirin ingestion has been reported, especially among those with ulcers. Doctors also warn against taking aspirin for a hangover, explaining that the combination of alcohol and aspirin can increase the chances of stomach bleeding in susceptible individuals.

While it has been known for some time that aspirin is potentially hazardous for those with ulcers and allergies, it has been disclosed only recently that aspirin poses a threat during pregnancy. Research findings published just within the past year indicate that women who take aspirin during pregnancy run a slight, but a definitely higher, risk of stillbirths. "Pregnant women should be discouraged from taking any medication whatsoever," states Dr. Wasserman. "Unfortunately, it's most critical during the first few weeks of pregnancy when a woman is least likely to know she is pregnant.

"The consumption of aspirin late in pregnancy constitutes its main adverse effect. That is, it delays the onset of labor. By delaying labor, the mother ends up with a so-called postmature fetus. This carries with it certain perinatal complications," says Wasserman.

There is also some evidence—although controversial—that aspirin may slightly increase the possibility of birth defects. This possibility is considered extremely small, in light of the tremendous amount of aspirin consumed. High doses of aspirin—beyond those used therapeutically in man—have been shown to cause birth defects in animals.

Present research also indicates that aspirin affects the function of blood platelets—tiny, solid particles involved in clotting. For this reason, doctors recommend against its use in women about to deliver babies and those about to undergo surgery. It is this anticlotting property, however, which may prove helpful against heart attacks and strokes.

A pilot study by British researchers found that aspirin users had a lower recurrence of coronaries than nonusers. To test the finding the National Heart and Lung Institute (NHLI) of the National Institutes of Health has embarked upon a three-year study of 4,200 heart attack victims to determine, hopefully once and for all, whether aspirin is effective in preventing the recurrence of heart attacks.

Thirty medical centers across the country—MCV among them—have been selected to participate in the collaborative research effort known as the Aspirin Myocardinal Infarction Study. Directing the MCV portion of the project is David W. Richardson, M.D., professor of medicine and chairman of the Division of Cardiovascular Disease. Also involved are three of his colleagues in the School of Medicine: Drs. Fred D. Robinson, William E. Steinke, and Arthur S. Gear, Jr.

Through May 1976 the doctors are screening volunteers between the ages of thirty and sixty-nine who have had a heart attack within the past five years. Ultimately, they will select 150 patients who have no known adverse reaction to aspirin and who meet other specific

criteria. Those chosen for the study will take twice a day two capsules containing either aspirin or an inert substance; neither the patient nor the doctor will know which is being taken.

The purpose of the "double-blind" study is to assure that the doctor's attitude and behavior are the same toward all patients. Dr. Richardson explains: "If the doctor knows the patient is getting the placebo, he is liable to react differently than if he knows the patient is getting the aspirin. Doctors do have conscious biases. Some of them are in favor of aspirin; some of them are not."

During the course of the study, patients are not to use other aspirin or aspirin-containing drugs. Other tablets are given for occasional headache and fever. Every four months the volunteers are to visit the Nelson Clinic at MCV for a free checkup and laboratory tests. In time the computerized data collected nationally in the course of the study will reveal whether the aspirin treatment has been effective in reducing the annual 4 to 5 percent likelihood of heart attack victims having another myocardinal infarction, or coronary.

Although physicians are not yet ready to recommend daily doses of aspirin as a cure-all for coronary patients, it does appear conceivable that aspirin may one day be used to prevent heart attacks among the general population. The hoped-for positive results of the test are "not generalizable," says Dr. Richardson. "But it seems a logical extension that if aspirin turns out to help those who have had a heart attack, it might well help those who haven't. Obviously, if our study shows that aspirin is not helpful in preventing the recurrence of heart attacks, there would be no reason to expect it would prevent a first attack."

Aspirin is an unusual drug in that it can be taken over long periods without apparent ill effects. It is not addictive, nor does the user need ever-increasing doses to get results. But phenacetin, another analgesic compound often sold in combination with aspirin, does have abuse potential and may eventually be removed from over-the-counter sale. Dr. Barr reports that the FDA's analgesic review panel has substantial evidence that phenacetin taken in large quantities over a period of years can cause kidney disease and even kidney cancer.

Several years ago scientists noted that phenacetin was potentially dangerous. That discovery spurred several manufacturers to remove it from their pain-relieving products; others, however, failed to heed the warning. Today drugstores still carry A.P.C. compounds—aspirin, phenacetin, and caffeine—in addition to the phenacetin-containing Empirin Compound and Goody's Powder.

Dr. Barr notes that Goody's Powder gives its users a slight pickup, like coffee, and he suspects the "high" is caused by the phenacetin. As a result, some people—particularly housewives who are bored and factory workers who do tedious jobs—take large quantities of the powders for long periods of time. Investigations have revealed that these abusers of phenacetin-containing drugs frequently develop a serious form of kidney disease, which can cause death within ten to fifteen years.

"It has taken years to get phenacetin off the market," claims Dr. Barr, "because it has never been used alone. It has always been used with aspirin or other drugs." Thus, it has been difficult to prove that phenacetin is the agent that does the damage. The fact the drug has been used in combination "has been used as a smoke screen to cloud the issue," adds Barr, "but there is enough evidence that people are really dying [from phenacetin] and that the drug doesn't serve any real, useful purpose."

Granted, the only people who die from phenacetin are those who abuse the drug. But Barr believes that if phenacetin were not on the market those same people might abuse something less harmful and still be alive.

In addition to aspirin and phenacetin, there are two other nonprescription analgesics which are frequently used in the U.S.—salicylamide and acetaminophen. Even though salicylamide irritates the gastrointestinal tract less than aspirin, its analgesic and anti-inflammatory properties are not as great as those of aspirin. Acetaminophen, marketed under the trade names of Tylenol and Datril as well as by the Bayer Company, is generally recommended for those who cannot take aspirin.

But acetaminophen, a derivative of phenacetin, is now the object of concern among many pharmacologists. As Barr explains, "[acetaminophen] doesn't cause the long-range kidney problems of phenacetin, but it does have a more immediate danger and that is, acute overdose leads to a very tragic kind of death." In England alone there are some 1,000 cases of acetaminophen overdoses each year.

"The tragic thing," says Barr, "is that so many times people attempting suicide are creating a gesture, really asking for help. Therefore, they may take what they think is a relatively mild drug, hoping, I suppose, subconsciously that they may survive."

Even though such a person may have his stomach pumped out and awake from the acute overdose, a slow, irreversible liver death takes place over a period of about two weeks. Eventually, the person dies—a very sad death, states Barr, "because by that time they may have decided that they didn't really want to commit suicide afterall, and by then it is too late."

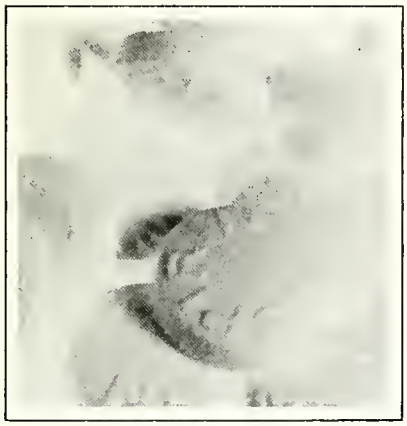
Salicylates, such as aspirin, rank second only to barbiturates among drugs used to commit suicide. Acute intoxication from aspirin may also occur as the result of accidental ingestion, particularly in children, or following misguided therapeutic overdose. Although the new safety closures found on many drug containers have substantially reduced the incidence of aspirin poisonings in children, they still occur with needless frequency. Fully two-thirds of such childhood poisoning incidents result from aspirin's having been left in an unsafe place.

The ingestion of ten standard aspirin tablets or thirty to forty children's aspirin tablets constitutes a severe overdose in children. Symptoms of aspirin overdose vary, depending upon the stage at which the child is observed. In general, the symptoms are commonly nausea, vomiting, and hyperventilation. A sufficient overdose may also produce depression of the central nervous system and a form of acidosis.

"The proper thing for the parent to do if the child is awake and alert," urges Dr. Wasserman, "is to induce vomiting and then determine as quickly and as accurately as possible how much [aspirin] has been taken. Call the poison control center or take the child to the emergency room. Of course, call your own physician, if he is available."

While accidental overdose is of concern, many deaths actually occur from therapeutic overdoses, says Barr. Sufferers of rheumatoid arthritis often take as many as forty aspirin tablets a day to relieve pain. Such high doses can

produce ringing in the ears, one of the first signs of aspirin overdose. Physicians treating arthritis often recommend that the patient monitor his aspirin intake and cut back the dosage just short of its producing the ringing-in-the-ears effect. Once the aspirin dosage is reduced, the ringing stops. It should be noted, however, that neither children nor deaf



persons experience ringing in the ears. Other symptoms of overdosage may include headache, dizziness, dimness of vision, mental confusion, nausea, vomiting, and diarrhea.

While aspirin is often the drug of choice in treating arthritis, Dr. Wasserman and other researchers are involved in the testing of other drugs to relieve the pain and suffering of this crippling disease. What they hope to find is an equally effective drug but one with fewer adverse effects. "In the control of arthritis with aspirin," explains Wasserman, "we have to push the dose as high as we can. We don't expect to get total control of the illness [with aspirin], so we're constantly at the border line between some side effects and the maximum [dose] the patient can tolerate. These other drugs tend to have a different spectrum of side effects, most often not gastrointestinal and not ringing in the ears." Although their frequency of adverse effects is lower, the other drugs are considerably more expensive than aspirin.

Now that scientific research has disclosed that aspirin is potentially hazardous for pregnant women and some hypersensitive individuals, some pharmacists and others doubt whether aspirin could pass today's stringent guidelines being imposed by the FDA. The only thing, they say, preventing the FDA from removing aspirin from over-the-counter sale is the certain public outcry that would arise.

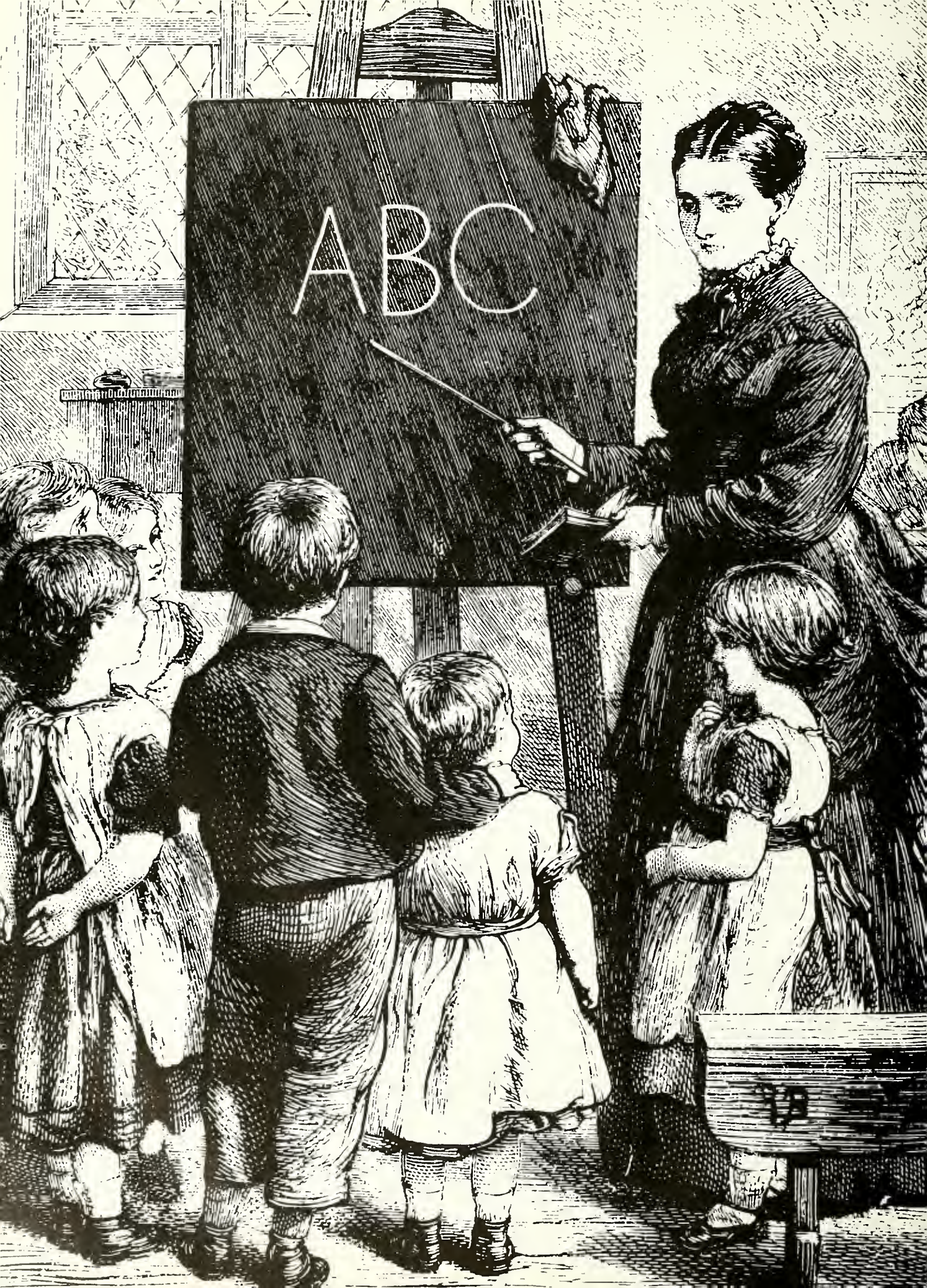
FDA panel member Barr is of the opinion, however, that aspirin does meet the regulatory agency's current requirements for nonprescription drugs. He reports that aspirin, along with other OTC drugs, is being reviewed right now and that some products currently being sold will be taken off the market. "If the risk [from aspirin] were greater than the benefit, then the FDA committee would recommend that it be removed from over-the-counter sale. The panel has reviewed extensive information and does not feel the risk is greater than the benefit to the self-treating public," states Barr.

For the majority of people aspirin is a safe and effective drug when taken according to label directions. But in order to stay on the safe side, purchasers of any over-the-counter drug should read both the directions and the warning to make certain that they do not fall into the high risk category.

In general, one should follow this advice regarding aspirin usage:

1. Do not take aspirin if you are pregnant or if you suffer from asthma, stomach disorders, or bleeding problems.
2. Stop taking aspirin immediately if you experience ringing in the ears, wheezing, difficulty breathing, severe runny nose; these could be the signs of a dangerous reaction to the drug.
3. Do not take aspirin concurrently with any chronic medication, particularly anticoagulants, without the consent of your physician or pharmacist.
4. Do not take more than two standard aspirin tablets at a time, every three to four hours, nor more than twelve tablets in a day, for headache, fever, arthritis, or rheumatism pain.
5. Do not take aspirin, even in recommended doses, for more than ten days in succession without consulting your doctor.

Despite the claims of radio and television advertising, aspirin is not a cure-all for human ailments. The commercials would have the listener believe that aspirin is an effective cure for everything from a headache to a cold to a feeling of irritation, tension, or annoyance (for example) with household mishaps. With the possible exception of some rheumatoid disorders, aspirin is not a cure for anything; it simply provides symptomatic relief. Nor is it a sedative. Several years ago one aspirin product's advertising proclaimed it was an aid to sleep. All it really did was to deaden, or as the ads said—"to relieve the symptoms of minor aches and pains"—making it easier to slip off to sleep. And sleep in its own right is a marvelous curative.


ABC

Back to basics?

All across the nation, parents, school boards, legislators, and even the pupils themselves are demanding that the schools stop experimenting and get back to basics in reading, writing, and arithmetic. Also at issue is a broader question: Who shall control the nation's elementary and secondary schools?

For insight into the current schoolhouse controversy, VCU Magazine *turned to the dean of VCU's School of Education, Warren D. Strandberg, Ph.D. Before coming to the university three years ago, Dr. Strandberg was at the University of North Dakota, where he was coordinator of the New School, an experimental teacher-education program for elementary school teachers. An innovator himself, Dr. Strandberg takes a critical look at some of the educational innovations of the past decade in the interview that follows.*

Within the past year several major publications have reported that there is widespread disillusionment with much of the experimentation and innovation that has characterized American education for the past decade. What forces do you believe are at the root of this disillusionment?

One fundamental characteristic of American education is that it has a faddish quality. Americans seem to find it more palatable to their educational taste to jump on an ideological bandwagon, ride it for a time, and then quickly hook up with some new vehicle of innovation.

So, I would say that at least a portion of the disillusionment is not so much disillusionment as it is growing tired of what was new and has become commonplace. Witness, for example, the failure of progressive education of the 1920s. Rather than work at, refine, and hone this creative alternative, we spent our time and energy either defending or attacking it. We didn't give the alternative a chance to "mature."

As a culture, we lack patience in the pursuit of the novel, the different, or the new. Nor do we take the time to develop a research base for what we do in education which would point out the weaknesses of the ways in which we conduct our business or the potential of so-called innovations.

One result of this disillusionment has been that schools in many communities are abandoning some of the innovations for more traditional approaches to educating students. Do you favor the renewed emphasis on the three R's and such traditional values as patriotism and respect for authority?

Your question assumes that recent innovations haven't been as concerned with the three R's, patriotism, and respect for authority as has the so-called traditional approach. Many of the recent innovations have been in response to the failure of the traditional approach. Take for example the "new" math. It developed because our schools were teaching little mathematics per se, and what they were teaching, i.e. computational skills, they were doing poorly. Students had little understanding or appreciation of mathematics. They even lacked understanding of what they were doing in performing dull, routine, computational exercises. The new math was not as new in content as it was in its stress on understanding the process.

It is claimed today that people can't perform the computational operations necessary to function as a citizen in our complex society. But have we any data to suggest that those who went through the old math program are any better at dividing fractions, figuring percentages, or balancing budgets? Such a survey of the old math might produce very surprising and sobering findings.

As far as patriotism and respect for authority are concerned, I would think that what we need from our youth is reasoned judgment and not blind adherence to country or teacher. Certainly, teachers should have the respect of their students, but that respect should be gained through the mutual efforts of teacher and student to gain a better understanding of the world around them. The teacher should engender respect and authority, not demand it in absence of any moral and intellectual leadership.

How popular has the "open classroom" method of instruction been, particularly in Virginia?

Open education in Virginia, as in other places, has often been mistaken for open-space schools. An open-space school can have a very conventional and "closed" program for children. It is easier to build new buildings than it is to reconceptualize an educational program leading to more, open, informal, and individualized activities for children.

The open classroom tends to be most popular among the middle class and affluent. The poor and minority communities have always been suspicious

Dr. Warren D. Strandberg

of changes which might be interpreted as a denial of opportunities for their children. Parents often want for their children what they themselves were not given. They look to the present success models in our society and view the education those success models had as being the most appropriate vehicle for their children's gaining that kind of success. But those who have achieved success are not always as willing to attribute their success to their schooling. Thus, the more successful parents tend to be willing to experiment in their children's education.

What have been some of the other popular educational innovations of the past decade? And, how successful have these been?

There have been many changes in our public schools in the last decade or two. These include the year-round school, team teaching, differentiated staffing, new math, phonics reading programs, behavior modification, career education, cooperative education, computer assisted instruction, individualized instruction, diagnostic teaching. The list could go on and on.

The important question to ask about all of these changes is whether they have had any significant impact on students and their learning. My guess is that most of them have been changes in form and not substance. It is easier to tinker with the structure of an educational program than to ask the critical question of what is happening to children's learning. People are growing more and more concerned about our urban educational systems. The so-called innovations have not diminished the concern many have about the future of our public educational systems. The survival of public education, as we know it, will depend not so much on the success of the latest innovation as it will upon our ability to reconceptualize the role of public schooling in our society.

Is the back-to-basics movement new, or have there been similar shifts in the past in our society's approach to elementary and secondary education?

While the progressive education movement was fairly well played out by World War II, remnants were still visible in the early fifties. By the time *Sputnik* came on the scene, Americans were ready to ask the question "Why can't Johnny read?" The result was the development of many programs in the content areas, especially in mathematics and the sciences. But the great curriculum reform of the sixties, we found to our dismay, would not solve the problems we defined as the schools' responsibility.

I have to believe that the back-to-basics movement is an emotional response to the many troubles our society is struggling with. It arises from a conviction that there are some simple solutions to societal ills and that the schools can deal single-handedly with our complex social problems. Integration is a good example. How naive we have been to believe that the problems of integration in our society could be solved by the schools. We were willing to make the schools a rallying point for this cause, and yet, not deal with some of the real causes—open housing patterns and zoning ordinances—that keep people from living near the schools of their choice.

Critics of the "open classroom" and other innovative approaches have often pointed to declining scores on national achievement tests as one reason for renewed emphasis upon "basic" education. Are these critics just over-reacting, or is their concern valid?

Those who are most closely in touch with the high school testing programs cannot themselves explain the reasons for the declines in test scores. There is no substantial evidence to support the conflicting reasons given for the drop. This is an area that needs further investigation. Students in open education classrooms, however, have continually performed at levels equal to or greater than those in conventional classrooms.

Has television had an affect on children's reading ability?

There is no conclusive evidence to suggest that television has had any effect one way or another.

Is it possible, or practical, to combine both innovative and traditional approaches to instruction in the same school or within the same school system?

Yes. And this may be the best approach to innovation. Children have different learning styles and interests. Why shouldn't the parents and their children have a choice? If not a choice within schools, at least a choice of schools.

In order to foster integration, there has taken place in several large cities the development of "magnet" schools.

Those schools have taken on some unique characteristics making them distinctive from other schools in the system. Parents throughout the city are given the opportunity to send their children to these schools. Such activity, although carried out for a specific noneducational purpose, tends to foster educational options within an otherwise monolithic system.

What educational trends do you foresee for the remainder of the seventies and the nineteen eighties?
Foremost, I see a need to close the gap between the worlds of education and work. We have in the past asked too much of our schools, especially our high schools. We need to develop more transitional experiences for young people so they can learn while finding their identity through useful work.

Another trend which I foresee in the next ten years is an increasing realization that there is value in children and young people's working in a sustained way on specific learning activities. Our school programs have been so disjointed and cut up that there is little opportunity for youth to concentrate their energies on an activity of their choice over a substantial period of time.

Though narrowness of perspective is a real danger, perfunctory breadth packaged in separate textbooks and workbooks is not the answer either. We need to find ways to help our youth recapture the absorption that genuine learning can engender. I believe we will come to value increasingly that kind of intellectual involvement more than we now value the covering of some prescribed curriculum.

Educators and parents often appear to be at odds over what public schools should teach and what textbooks should be used. Also, at issue is the broader question of who should control the nation's elementary and secondary schools. How do you think these conflicts can and should be resolved?
Schools need to be given back to the parents. Yet this is not happening. The schools are becoming increasingly an exclusive arena for the professionals. Parents are seen as intruders. The development of teachers' unions will substantially decrease parental participation in decision making.

Parents know a great deal about their kids. If that knowledge were put to use, it could add a significant dimension to a teacher's understanding. Yet, we as educators don't listen, and increasingly parents want to be heard. The PTA has not been an effective vehicle for this communication.

Are public schools, as some critics suggest, overloaded with mediocre teachers hired during the 1950s and 1960s when there was a shortage of teachers?
Teacher education and certification has probably screened out the real losers and at the same time has most likely discouraged some of our brightest and most creative young people from going into teaching. Noncompetitive salaries in teaching during the fifties and sixties probably added to the selectivity problem.

Supposedly there are 200,000 potential teachers looking for jobs today. How then can schools of education justify turning out more and more graduates?
They can't. But college enrollments are dropping substantially in those teaching fields where there is an obvious oversupply.

How is VCU's School of Education responding to society's changing educational needs?
The School of Education is shifting its resources from undergraduate to graduate education. Over the last five years there has been a three-fold increase in the number of graduate students. Almost all of those graduate students are practicing teachers in surrounding area school systems. Adding to that increased responsibility is the growing demand for continuing education programs in the school districts of the Capital Consortium. We are taking an increasing number of our degree programs off campus, offering them right in the schools. That has meant, on occasion, a reconceptualizing of our degree work and its relationship to the in-service education of teachers.

The future for schools of education in this country rests not with their undergraduate education or doctoral education. There is a growing surplus of degree holders in both areas. Because of the substantial decline in the turnover rate of teachers, there is a growing emphasis upon in-service education for those teachers who are being maintained. Schools of education, in order to survive, are going to have to convince those school systems that their faculties are in a position to be of real assistance to teachers.

Children of abuse and neglect

by Mabel G. Wells, M.S.W.

Child abuse and neglect have become epidemic in the United States. This is the conclusion drawn by the National Center on Child Abuse and Neglect, an agency of the U. S. Department of Health, Education and Welfare. The agency, administered by the American Humane Association in Denver, Colorado, was created last year to study the national incidence of child abuse and neglect and to conduct research into its causes, treatment, and prevention.

The label *epidemic* has been applied to this growing social problem because of the large number of children who suffer—and even die—from mistreatment by their parents or guardians. According to one estimate, 1.6 million cases of child abuse or neglect are reported each year, of which 60 to 80 percent are substantiated. The severity of the problem can be illustrated in the statistics of New York City: of 110,000 children born in the city in 1973, 2,300 of them were reported as having been neglected or abused within the following year.

Child abuse is defined as suffering or physical injury inflicted upon any youth under eighteen by other than accidental means. Such physical harm may be manifest in welts, lesions, burns, internal injuries, broken bones, or even death. Apart from physical injury, abuse may also be manifest in emotional condition. Emotional child abuse may constitute denial to a child of experiences that make him feel loved and worthy. Rejection—by being blamed, shamed, or shouted at, or through indifference and refusal of healthy interaction with parents—can be a form of emotional abuse.

Child neglect, too, can be both physical and emotional. And most often, it is an act of omission. For example, a parent may fail to feed or nourish a child properly; may fail to provide acceptable supervision, proper clothing, or suitable shelter; may fail to send the child to school; or may fail to furnish adequate medical and dental care or proper hygiene, such as clean clothes and bathing. Or neglectful parents may fail to provide the child with proper emotional stimulation, rejecting him through indifference.

It is difficult to separate the problems of child abuse and child neglect; both often occur together. Likewise, it is difficult to isolate physical and emotional abuse. How can one say that a child is physically abused without adding the probability that he is also emotionally abused as a result of the brutal physical experience?

Several things have happened in recent years to increase the detection of cases of child abuse and neglect. One is the advent of the relatively new discipline of pediatric radiology. The medical profession, using X-ray technology, has done much to expose the problem of child abuse and neglect.

A child who has been battered is usually taken to a private physician or a hospital for treatment and care. In cases of suspected abuse or neglect the physician is charged with the additional responsibility of determining and reporting confirmed or suspected maltreatment. It used to be that physicians often failed to diagnose the "battered child syndrome," a clinical condition existing in young children who have received serious physical abuse. Parents frequently "shopped around" for different doctors each time a child was injured. And physicians—because of their own desire not to subject themselves to slander suits or by their genuine inability to conceive of the parents' having committed such heinous acts—succumbed to the parents' explanation of "accidents."

National attention was focused on the problem of child abuse in 1961 when Dr. C. Henry Kempe of the University of Colorado reported the results of a survey at a meeting of the Academy of Pediatrics in Chicago. His report examined the problem and forced us to realize that child abuse and neglect exist in all levels of our society. More recently, Dr. Kempe's colleague, Dr. Brandt F. Steele, wrote in the May-June 1975 issue of *Children Today:*

> Unfortunately, because so many of the early reports and descriptions of child abuse came through welfare agencies and municipal hospitals, it became a common belief that abuse and neglect of infants were associated with racial minorities and poverty-stricken groups of people. Such ideas still persist in many quarters, despite the increasing knowledge that child abuse and neglect occur among families from all socioeconomic levels, religious

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Editor's note: Mabel G. Wells, assistant professor of social work, is a graduate of Howard University and a candidate for the Ph.D. degree in social work and social research from Bryn Mawr College. For her doctoral dissertation she is analyzing family roles in Richmond households where child abuse has occurred. Frequently she lectures on various topics related to child abuse as part of the continuing education program offered across the state by VCU's School of Social Work. Mrs. Wells is black, a single parent, and the mother of two school-age daughters.

groups, races, and nationalities.

The above statement does not, of course, negate the fact that social and economic deprivation, housing problems, unemployment, and many other stresses in life can play a huge role in child abuse and neglect. A parent may harm a child out of sheer frustration arising from society's demand that he properly care for the child even though he may not have the wherewithal to do so. In the same vein, a parent's neglect in failing to provide adequate care may be the result of the family's inadequate means, and as such, may not be a manifestation of personal or willful failure on the part of the parent. Still, there are others who are socially deprived who do not neglect or abuse their children. Thus, those responsible for alleviating some of these social conditions should remember that deprivation must be viewed in combination with other factors as a contributing cause of parents' or guardians' harming their children.

Aside from these external factors which contribute to child abuse and neglect, there are others which originate within the family, or within the parents' own families. The destructive child-rearing patterns of many abusive or neglectful parents have been passed from generation to generation. Fathers or mothers who were not properly nurtured as children sometimes have unrealistic perceptions or expectations of their own children. They want and expect their children to provide for them what their own parents did not. When a helpless baby fails to comfort them and instead demands care for himself, the parent may become angry and punish the baby for making demands or failing to behave as the parent expected. This phenomenon is known as role reversal, and it often leads to serious injury of children.

Neglected parents, likewise, often have not had the emotional experiences during their own childhood which would have enabled them to become mature, responsible adults and loving parents. They may lack the emotional equipment necessary to properly nurture their children. If they haven't been loved, then they are unable to give love and tenderness to their own children. This is the generational cycle of child abuse and neglect.

Another cycle observed in families in which child abuse and neglect occur is that of reciprocal rejection, set in motion by the community. Parents often feel isolated and rejected by a community sometimes because of their newness in the community and sometimes because their way of life may be at variance with that of the prevailing group. When this attitude and accompanying lack of supports from the community leads to child abuse or neglect, the community reacts with horror, condemnation, and repugnance, and the parents' sense of isolation and exclusion is increased. Thus, the neglect and abuse of their children may be perpetuated or intensified.

Studies of child abuse have indicated that many cases involve longstanding, severe, interpersonal conflict, either between the parents themselves or between one parent and another family member. A battering parent often feels rejected and unloved. A particular child, who is helpless and cannot strike back thus becomes a "hostility sponge." For example, a parent who feels wronged may not feel free to strike at the person who has caused his hurt for fear of breaking up the marriage or some other vital relationship; so, he strikes out at one who cannot retaliate—the child.

Often, a major reversal in traditional parental roles can force one parent into unusual, constant contact and confrontation with a child, and the result can be child battering. For example, there is a high incidence of child abuse by fathers who are unemployed and whose wives have been forced to become breadwinners. This also is often true where the boyfriend (not the child's father) of a working mother has been left in charge of her children.

Another condition which sometimes leads to abuse by mothers is a breakdown in the initial reversal arrangement. That is, a working mother who enjoys being employed may be forced to stop work because of pregnancy and childbirth. In such cases the mother may resent the loss of the previous orderliness of her day and the responsibility for and demands of the child.

These instances lead to some speculations about the burden placed upon parents today. As more mothers than fathers abuse children under five years of age, one possible conclusion is that because mothers generally are in close contact with small children for longer periods of time and often have no contact with other adults during the day, the children do not provide adequate stimulation to meet the mother's need for social contact. Instead of solely contributing to the parent's needs, small children constantly demand some kind of attention. Some mothers react out of anger and frustration by battering a child. Others may react by "turning the child off" in their minds and directing their attention elsewhere. The latter, of course, results in child neglect.

Any discussion of child abuse must take into consideration the standard of childhood discipline accepted in a given society or community. Society demands that parents socialize their children through discipline; yet, there are mixed attitudes as to the application of physical force as a means of disciplining children. Physical punishment, or discipline, to achieve obedience and social compliance is generally accepted, making it difficult to distinguish between discipline and abuse. The standard usually is set by the community as to the degree of physical force that will be tolerated in disciplining a child. There is little difficulty in defining the most dramatic situations—when a child is beaten to the extent that he exhibits welts and bruises, when he is deliberately burned with cigarettes or hot instruments, when he is willfully starved, or when he is actually killed. But more subtle forms of abuse—constant spankings, "accidentally" dislocated or broken limbs, and many forms of emotional abuse—sometimes defy detection.

Likewise, extreme neglect cases are easily definable: starvation or malnutrition; children alone for days or hours depending upon their ages; alcoholic or drug-addicted parents who are not in contact with reality for long periods of time, and hence, can care for neither themselves nor their children; mental retardation or mental or physical illness of the parents which prevents them from giving the children necessary care. Other, more subtle forms of neglect are not so easily discernible, such as improper diet or haphazard meals, home conditions in chaos, and indifference of parents.

These gray areas present problems for professionals charged with providing child protection and help for families. They must make important decisions regarding not only the safety of the children but also the preservation of the family unit and the home. Parents are recognized as the rightful caretakers, protectors, and socializers of their children. Yet, when their performance falls below a tolerable standard, the state has the right and responsibility to intervene.

There are also complications presented by the legal aspects of child abuse and neglect. Although the field of social welfare acknowledges that child abuse is a symptom of underlying personal and social disorder, we cannot avoid recognizing the fact that children are citizens and that their individual rights are protected by law. Because of this dual focus—protection for the children and help for the families—many segments of society are involved in dealing with nonaccidental injuries to and improper care of children. Those normally involved with such cases are the various child protective agencies, plus social workers, law enforcement officials, probation officers, juvenile courts, prosecutors, attorneys, pediatri-

cians, roentgenologists, psychiatrists, hospital officials, and nurses. The cooperation of several, and sometimes all of these, is necessary in order to properly handle each individual case of child abuse or neglect.

The key to orderly cooperation can be traced to the reporting and recording process, which is necessary if we are to avoid duplication, chaos, and poor rapport with the families we seek to help. After the nation's attention was focused upon the problem of child abuse, a group of doctors approached the Children's Bureau of the Department of Health, Education and Welfare and recommended laws that would require doctors to report suspected cases of child abuse; in turn, such doctors would be provided with immunity from possible legal action, so long as the report was made in good faith. The meeting resulted in several states passing specific laws governing the reporting of cases of child abuse and neglect. These measures were over and above those already existing in the child welfare laws of all fifty states.

The problem with much of the legislation enacted in 1963 was that law required reports be made to law enforcement agencies. This, of course, reinforced the criminal view of child abuse and gave credence to the old child welfare "cure-all" of removing the child from the home and prosecuting the parents. Protests from social agencies, the American Humane Association in particular, resulted in having the laws of a number of states changed to require that reports be made to a child protective service program, either solely or in addition to the report made to law enforcement authorities.

The commonwealth of Virginia adopted specific child abuse and neglect legislation in 1966 when the General Assembly first required medical personnel to report "any serious injury or condition of children under the age of sixteen years that may have resulted from abuse or neglect." This law has been amended in each session of the General Assembly since its enactment. In 1968 the list of those professionals required to report suspected cases of child abuse or neglect was extended to include registered associate social workers. In 1970 probation officers were added to the list.

As the incidence of child abuse and neglect rose, various agencies and professionals within the state increased their individual, but uncoordinated, efforts to prevent and treat the problem. Soon however, it was recognized, and voiced loudly, that the state needed a new, more comprehensive law to provide protection for children and help for troubled parents. This culminated in Virginia's first statewide Symposium on Child Abuse and Neglect, held in Richmond in January 1975. The symposium, attended by more than 700 people, and various hearings and other efforts greatly influenced the enactment of Substitute HB 416 by the 1975 General Assembly. It was signed into law by Governor Godwin on March 19, 1975.

The Child Abuse and Neglect Law provides that all reports of suspected child abuse or neglect be referred to the local welfare department for investigation. This means that the major focus is upon prevention, treatment, and rehabilitation for families, instead of criminal prosecution. The welfare department is responsible for making referrals to the commonwealth's attorney, and for reporting all cases to the state's central registry. The central registry is maintained by the State Department of Welfare, which also maintains a central toll-free telephone number which anyone may use for reporting suspected cases of child abuse or neglect. Those making such reports are immune from civil or criminal liability, unless the report is made with malicious intent. The hot line is answered twenty-four hours a day, seven days a week.

The hot line is also maintained for use by those who feel that they themselves have abused or are about to abuse their children physically, or those who feel that they may be abusing their children emotionally, and want to ask for help. When calls are received on the state hot line, the worker on duty alerts a child welfare specialist in the family's community so that emergency service can be offered within twenty-four hours.

All physicians, nurses, social workers, probation officers, teachers (public and private), day care providers, mental health professionals, and law enforcement officers are required to report all suspected cases of child abuse or neglect to the local welfare department. Any of these professionals who fails to do so is subject to a fine. This places a heavy responsibility upon those coming into frequent contact with families, and as such, represents a huge step in the effort to protect the state's children.

Since July 1, 1975, when the law went into effect, 7,691 reports of neglect and abuse have been recorded by the state welfare department's central registry. (Figures are as of November 1975.) The number of reports, tabulated by region, are as follows: Richmond, 1,441; Tidewater, 2,053; Valley, 574; Roanoke, 1,205; Lynchburg, 564; Southwest, 746; and Northern Virginia, 1,108.

The 7,691 figure for the five-month period shows a tremendous increase over the number of reports recorded in earlier years. For example, in 1972 the Bureau of Vital Records and Health Statistics, the agency then collecting such reports for the state, recorded 92 cases of child abuse and neglect; in 1974, 426 cases were recorded; and in the first half of 1975, prior to the law's effective date, 254 cases were recorded. No doubt other cases were investigaged and treated by various local welfare and law enforcement agencies, private physicians, and others, but were not filed with the bureau. Likewise, it should be pointed out that many families and children received no attention at all as a result of the previously uncoordinated effort. With the welfare department now designated as the central reporting agency, more children and families who have such difficulties are being identified and given protection and supportive services.

In addition to the nationwide public responsibility assumed in the incidence of the widespread problem of child abuse and neglect, supplementary services have also come into being. One notable group which is gaining popularity across the country is Parents Anonymous, a self-help group of parents who have abused or feel that they or their spouses may abuse their children. These parents, who are known by first names only, meet periodically to provide support for each other and to devise and share methods of behaving so as not to harm their children. There are several groups of this kind in Richmond, Fredericksburg, and Norfolk. In addition to the social services they receive through the welfare departments, hospitals, and courts, parents are often referred to one of these self-help groups. Some parents also seek help through, or are referred to, private psychiatrists or social workers for counseling so that they might better understand themselves and their children.

Child abuse and neglect are the outgrowth of many conditions prevalent in our society. Emotional stress is on the increase. Family mobility is widespread. Young parents have few guidelines and little knowledge, help, or support in their child-rearing efforts. There often are discrepancies between demands placed upon parents for nurturing and caring for their children and the resources available for accomplishing these responsibilities.

Child abuse and neglect exist as the result of personal and social strains involved in child care, but is only one reaction to the strains of parenthood. It behooves us to create new ways of building in structural supports for personal and social failing in order to lessen the burden that accompanies child rearing. Child abuse and neglect, writes David Bakan in *Slaughter of the Innocents,* present a problem "central to the larger question of how a generation of adults cares for its children. A group which does not spare resources for the raising of children and teaches those children to care for their children in turn guarantees its future for itself."

Did you know...

What the governor recommends

VCU administrators were able to breathe a bit easier January 19 when the governor unveiled his 1976-78 budget recommendations to the Virginia General Assembly. For months they had been anxiously awaiting word as to whether the governor would go along with their proposals to build a new 558-bed hospital and to renovate existing hospital facilities at the Medical College of Virginia, Health Sciences Division of Virginia Commonwealth University.

On the fourth day of the 1976 legislative session, Governor Mills E. Godwin, Jr., revealed his austerity budget package of $7.5 billion. Included was more than $4 million for planning and construction of the $110.7 million hospital project. The remainder of the cost is to be financed by tax-exempt revenue bonds. While the governor's endorsement of the project does not guarantee its approval by the legislature, it is nevertheless regarded as a major step toward actual funding.

Administrators were also relieved that Governor Godwin gave at least "conditional" approval to two capital outlay projects on the university's Academic Division campus. Provided that the legislature goes along with his request for $97 million in new taxes to finance new state building programs, the governor is suggesting that $4 million be appropriated for a new facility to house VCU's music and drama departments. He gave similar conditional approval to the university's request for $400,000 to renovate both Franklin Terrace (which now houses the departments of urban studies, recreation, rehabilitation counseling, and political science) and laboratories in the Life Sciences Building.

Despite their pleasure with the governor's capital outlay proposals, administrators are dismayed by his educational and general budget for VCU. They feel that his recommended appropriations, especially those for faculty salaries and libraries, are inadequate to meet the university's operating needs.

According to administrative projections, VCU needs $120 million, or 35 percent more than its current appropriation, for its operations during the 1976-78 biennium. The governor is recommending to the General Assembly that VCU receive only $103 million, an increase of 16 percent, which is $17 million less than requested. Administrators feel shortchanged, particularly in light of the recommendation from the State Council of Higher Education, the coordinating body charged with reviewing institutional budget requests and making recommendations to both the governor and the General Assembly. After scrutinizing VCU's budget along with those of thirty-eight other tax-supported colleges, the council approved a $108 million budget, or a 21 percent increase, for VCU.

As this is being written, the university's budget analysts are pouring over the governor's proposal to determine how the university would fare under his recommendations. No doubt, some attempt will be made to convince the House Appropriations Committee and the Senate Finance Committee to restore some of the items omitted in the governor's budget and to increase others.

One concern surely to be relayed to assemblymen is faculty salaries. The governor has called for only a 4.8 percent pay raise for college faculty across the state during the first year of the biennium and none in the second. The university had counted on faculty salaries increasing by more than 6 percent during both years of the budget period. Faculty salaries comprise the largest single item in the university's operating budget.

On the other hand, under the governor's proposal, the university's classified staff (custodians, secretaries, nurses, accountants, administrators, etc.)—like all of the state's other classified employees—would receive their regular merit increases of 4.8 percent both years of the biennium, plus a 4.8 percent regrade (a one-step increase) effective July 1, 1976.

Another concern which is likely to be aired before legislators is the governor's funding proposal for libraries. Godwin's budget recommendation basically treats all academic libraries in the state alike, working a hardship on those developing institutions, such as VCU, where library collections are inadequate for the growing enrollments and expanding programs. Recognizing its deficiencies, the VCU libraries had requested funding and staffing which would allow them to add 80,000 volumes during each year of the biennium. If the legislature goes along with the governor, VCU's libraries will be able to acquire little more than current materials. They will be able neither to significantly reduce deficiencies in the number of volumes nor to afford the expensive reference materials, special subject collections, and retrospective periodicals needed to support the present academic program.

Other casualties in the governor's budget proposal include several new programs planned for VCU. The university had sought $284,000 for a state center on aging to be located at VCU; the governor did not recommend the funds. The center, proposed by a state study commission and supported widely, would, among other things, gather statistics on citizens sixty years of age and older for use by agencies, institutions, and organizations providing services to the elderly.

The university had also requested more than $100,000 for an off-campus program to provide graduate education for nurses. The program as proposed would have been offered in cooperation with the University of Virginia. And $300,000 to support cancer research at MCV was also omitted from the governor's approved spending list going to the General Assembly.

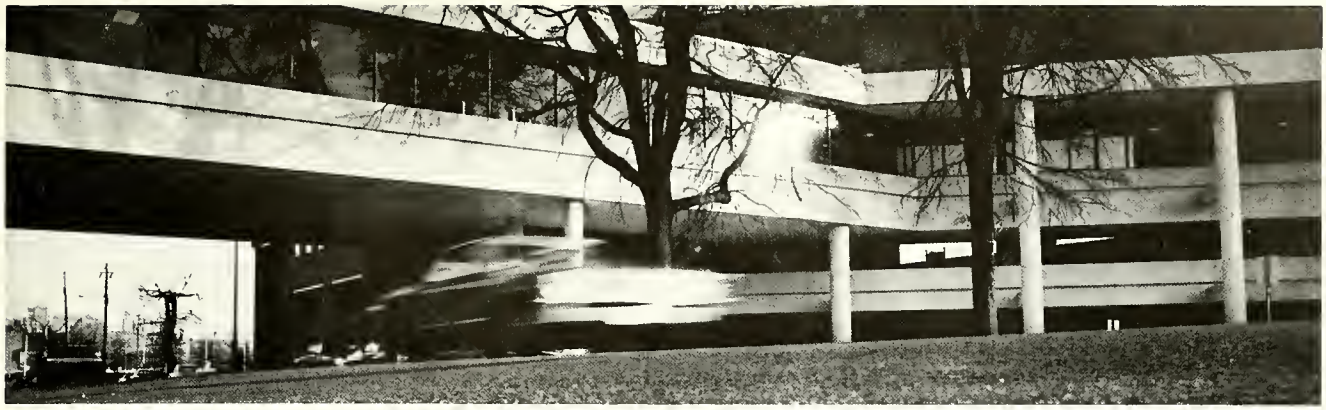
While Godwin has proposed an allocation of almost $5 million in capital improvements at VCU/MCV, the university's request for new facilities and renovations, excluding the hospital project, actually totaled more than $26 million. The largest chunk of that sum was $15 million for a new health sciences building at MCV to house the departments of nursing, pharmacy, and allied health professions. That facility is still high on the university's list of building priorities.

The governor's recommendation does include, however, some money to be spent on the Academic Division campus to bring old buildings up to the safety standards imposed by the federal Occupational Safety and Health Act. He also is recommending money for construction of a new physical plant building at MCV. The existing facility, located in an old armory several blocks west of the campus, is to be torn down to make way for a building for J. Sargeant Reynolds Community College.

Godwin has also recommended that revenue bonds be issued to finance a parking facility for 750 cars and a dormitory for 500 students, both on the Academic Division campus. He also suggested that state revenue bonds be used to purchase and renovate the Richmond Eye Hospital, located in the middle of the MCV complex and across the street from the proposed new MCV hospital.

The site for the new facility fronts Marshall Street, bounded by Twelfth and Thirteenth streets. Plans call for demolishing the old Hunton and MacFarland halls and part of the laundry building, which now share the block with the White House of the Confederacy and the new Confederate Museum, now under construction.

If the legislature goes along with the bonding proposals advanced by the governor, work on the hospital project could begin by midyear. Including in the plans is the construction of a $51.3 million hospital and a $4.5 million supply center, as well as renovations to MCV's West and North hospitals and the A. D. Williams Memorial Clinic. The total project could be completed as early as mid-1983. While the package price for the entire project is $110.7 million,



Cars on Main Street pass under the bridge connecting the new science-education building with the School of Business building. Oliver Hall, right, is now home for the School of Education. The physical sciences wing, center, houses the departments of chemistry, mathematics, and physics and physical sciences. The $5.5 million facility opened in January.

construction and renovation costs are actually estimated at $86 million. The rest of the figure is for financing.

As pointed out earlier, the governor's recommended operating budget for VCU—apart from his capital outlay requests—totals more than $103 million. Of that amount, only a little more than $70 million would actually come from tax dollars while the remainder—over $33 million—would be generated by university tuition, fees, and services. In other words, the university itself would supply almost a third of its own operating budget.

A large portion of the budget allocation, particularly that for faculty salaries and libraries, is formula-based upon student enrollment and degree programs.

VCU's budget request for the next biennium is based upon an enrollment equivalent to 12,984 full-time students in 1976-77 and 13,227 in 1977-78. These enrollment projections represent increases of 3.3 percent the first year and 1.9 percent the second. The university also plans to increase tuition an average of 6 percent at the Academic Division and 8 percent at the Health Sciences Division during both years of the biennium.

The ripple effect

Economic recovery in Virginia could be accelerated in 1976 if the state government would deviate from its strict policy of annual budget balancing. That is the opinion of Dr. Max Moszer, professor of economics at VCU and a respected economics forecaster.

Noting that the first tentative moves have already been made towards cutting services and increasing taxes at the state and local levels, Dr. Moszer warned against the policy of balancing the budget at all costs.

"The most prudent budget policy now would use state programs to maximize the level and growth rate of the state's employment and earned personal income," noted the economist. "By cutting services and increasing taxes, the state will only limit personal incomes, and eventually, lose revenue that would have been generated from income and sales taxes.

"I'm not against cutting expenditures," Moszer told a recent gathering of economists in Richmond. "But when the state cuts back on services and increases taxes, there's a ripple effect. And what have you gained if, by cutting services, you've put more people on welfare or unemployment?" he asked.

Moszer suggested that for now it might be wise for the state to go into the red and later recover the deficit during a more prosperous year. Specifically, he advocates that the state look at its accounting procedures in respect to capital outlay.

"Typically state, local, and federal governments treat capital expenditures as current expenses rather than a long term debt. No business firm does this . . . no private individual does this. When a firm acquires a new building or facility, it is treated as a long-term expenditure, just as an individual treats a home mortgage as a long-term expense," Moszer pointed out. "When you finance a building over a period of years, it becomes a small expenditure."

Moszer also noted that when $1 million is spent in Virginia, much of the money stays in the state treasury through increases in revenues from sales and income tax. "Budget decisions should be based on the total effect on employment and income rather than based on this strict policy of annual budget balancing."

Moszer, a graduate of the University of Pennsylvania, says that opponents of annual budget balancing use New York's current fiscal problems to support their arguments. However, according to him, much of New York's problems are due to what he termed fudging, with bond issues being used to pay for expenditures other than specific capital outlay projects.

On a national basis the overall forecast for 1976, predicts Moszer, is one of continued recovery and expansion of the Gross National Product. He also forecasts moderate increases in fixed investment by business and in residential construction, with higher interest rates on the money market.

Former surgeon general is dean

Former U.S. Surgeon General Jesse Steinfeld has been appointed dean of the School of Medicine at the Medical College of Virginia. Dr. Steinfeld, who will assume his new duties in March, currently is professor of medicine at the College of Medicine, University of California, Irvine, and chief of medical services at the Long Beach Veterans Administration Hospital.

A leader in the public health field, Dr. Steinfeld has had significant influence on efforts to alert the public as to the relationship between cigarette smoking and lung cancer. And, he has been a major proponent of the rights of nonsmokers, including the banning of smoking in public places. He also was influential in the federal government's banning of cyclamates in 1969, after it was found that the artificial sweetner causes bladder cancer in rats.

The new dean was surgeon general with the U.S. Public Health Service from 1969 to 1973. He also served as chairman of the oncology department and as director of the Comprehensive Cancer Center at the Mayo Clinic in Rochester, Minnesota.

A native of Pennsylvania, Steinfeld earned his medical degree in 1949 from Case Western Reserve University in Cleveland. He took his internship training at Cedars of Lebanon Hospital in Los Angeles and served residencies at the Veterans Administration Hospital in Long Beach and at the Laboratory of Experimental Oncology at the University of California Hospital in San Francisco.

Dr. Steinfeld, forty-nine, replaces Dr. Warren H. Pearse, who resigned as dean of the medical school last summer to become executive director of the

American College of Obstetricians and Gynecologists.

Poetry over lunch

A writers' series, believed to be the first of its kind in the nation, is bringing established authors to the downtown Richmond business community for noontime readings.

The series got underway last November 12 when novelist and poet George Garrett read to a lunch time crowd in the F & M Center's mezannine cafeteria. Garrett, writer-in-residence at Princeton, is the author of several volumes of poetry and novels, among them a recent book club selection, *Death of the Fox*.

Two other writers will appear as the series continues this spring. E. L. Doctorow, author of the best-selling *Ragtime*, will read selections from his works on March 13. Novelist, dramatist, and critic David Madden, whose recent novel *Bijou* was a book-of-the-month selection, will appear in April.

Sponsored by the English department and the Virginia Commission of the Arts and Humanities, the noontime writers series is designed to bring literary figures to the Richmond business community.

"There are a number of people in the downtown community who are creative and responsive to the arts, especially to literature," noted the founder of the series, Walton Beacham, an assistant professor of English at VCU. "We hope to encourage this interest by bringing writers to businessmen and women in their environment rather than trying to get them into a college atmosphere."

Where they live

Of VCU's 32,000 known alumni, one-third live in the Richmond metropolitan area while another third is distributed mainly in Virginia's urban communities. Although this finding is contained in a recent Alumni Activities Office survey, it is, in fact, neither startling nor new. A 1972 analysis of alumni mailing addresses on file at the university revealed a similar geographic distribution.

The most surprising thing contained in the report compiled from computer print-outs by the alumni records officer, Mary Margaret Coleman, is the fact that the alumni roll has swelled by more than 10,000 names in the past three years.

While alumni live in all fifty states and in some thirty-five foreign countries, the majority of them reside on the East Coast. Naturally, Virginia is home for the vast majority. Twenty-one thousand alumni, or 66 percent, live in the Old Dominion. Other states which have attracted large numbers of alumni are North Carolina (1,886), Florida (940), Maryland (793), and New York (646).

It's hard to imagine, however, an alumni gathering of any size, say, in Idaho. There are only seven former VCU students in the entire potato state. Even more alumni live in Hawaii (20) and Alaska (19).

Taking into consideration the large number of commuting students who have attended VCU, it is not surprising that a high percentage of alumni have remained in the Richmond area. More than 9,000, or one-fourth the total, live in the city of Richmond. Another 3,000 alumni live in the city's suburbs.

The next largest concentration of alumni is in the Tidewater area—Norfolk, Virginia Beach, Portsmouth, Newport News, and Hampton—where 2,156 alumni live. Two thousand forty-five alumni live in the Washington, D.C.,area.

Among out-of-state cities claiming numbers of VCU alumni are New York (362), Greensboro (339), and Baltimore (307).

Computer print-outs also reveal alumni affiliation by school. The School of Business lists the largest number of former students, 3,939. Medicine and education are next with 3,931 and 3,771 alumni, respectively. The School of the Arts has 3,032 alumni on roll, while arts and sciences has 2,948. The other schools and their totals are as follows: allied health professions (2,460), nursing (2,228), dentistry (2,210), pharmacy (1,891), community services (1,781),social work (1,166), and basic sciences (248).

According to James L. Dunn, director of alumni activities, this alumni survey included graduates of Virginia Commonwealth University, the Medical College of Virginia, and the former Richmond Professional Institute. In addition, some former students who earned twenty-three or more credits from VCU's Academic Division were included.

Magazine in designers' show

Two issues of *VCU Magazine* were included in the "Virginia Designers 1976" exhibition at the Virginia Museum in Richmond. The show, which ran January 8 through February 8, featured seventy-six examples of the best in graphic design by forty-one designers from across the state.

The magazine issues on display were dated November 1974 and March 1975. Both were designed by Charles C. Martin, who received a certificate in commercial art from the university in 1950. The issues were edited by David Mathis, now manager of university publications, and George Roycroft, respectively.

The same show included designs by several VCU faculty members and students. Phil Meggs, chairman of the Department of Communication Arts and Design, and his departmental colleagues, Ed Bedno, associate professor, and Tom Yasuda, assistant professor, had a total of eight examples of their work on display. Students whose work was also exhibited were Lori Barnett, Gene Rudy, Lynn Branhover, and Robert Boothe. All of the students are members of the university graphics class offered by the communication arts and design department.

Nursing alumnae honored

Two nursing alumnae were honored last fall, one by the Virginia Nurses' Association and the other by the Virginia Lung Association.

Mrs. Imogene Morgan Bunn, former director of the nursing division of the Albemarle-Nelson-Charlottesville Health Department, received the 1975 outstanding member award from VNA. She retired in September after thirty-four years as a public health nurse.

The Virginia Lung Association honored Mrs. Louise C. Toney by presenting her with the Nora Spencer Hamner Award for her "significant contributions to programs against respiratory disease." Mrs. Toney, supervisor of Richmond's public school nurses, is president of the Richmond regional board of VLA.

Both Mrs. Toney and Mrs. Bunn are graduates of the Saint Philip School of Nursing, which closed in 1962. Alumni of the school, established in 1920 to train blacks, have affiliated themselves with the Nursing Alumni Association of MCV/VCU.

Nursing alumnae elections

The Nursing Alumni Association has announced its newly elected officers for 1976. Ellen C. Manson '67 was reelected president. Serving with her on the executive committee are Deborah S. Gaddy '75, first vice-president; Shirley F. Wampler '59, second vice-president; Charlotte A. Lawson '70, secretary; and Betsy A. Bampton '60, treasurer.

Three new directors were elected to the association's board of directors. Beauty D. Crummette '58, Pamela K. Douglas '70, and Mary Cibula Evans '42 will serve two-year terms. Serving the remainder of their two-year terms on the board are Anna Mae Fowler '59, Katherine C. Bobbitt '56, and Rebecca J. Patterson '70.

The nominating committee for the coming year is composed of Carol J. Love '67, Janet B. Younger '67, and Mary H. Mule '71.

According to president Ellen Manson, uniforms from past classes at the MCV School of Nursing will be stored and preserved at the Valentine Museum, where they may be viewed on special occasions. The museum would also like photographs of any old uniforms to display with the garments. Please send photographs to Miss Rebecca Patterson, Box 7, MCV Station, Richmond, Virginia 23298, or directly to the Valentine Museum. The photographs cannot be returned to their owners.

Whatever happened to...

If you take a new job, get a promotion, earn another degree, receive an honor, or decide to retire, share the news with us, and we will pass it along to your classmates via the "Whatever happened to . . ." section. Please address newsworthy items to Editor, VCU Magazine, *Virginia Commonwealth University, 828 West Franklin Street, Richmond, Virginia 23284.*

1920s

N. Berkley Jeter (M.D. '28) retired from the practice of medicine on December 31. During the forty-five years he practiced in Covington, Va., he delivered some 2,000 babies.

1940s

Marguerite E. Tune (business administration '40) is the first woman president of the Virginia Hotel and Motel Association. Prior to her present public relations position with Servico, owners of some thirty Holiday Inns in the South and East, Mrs. Tune managed the Raleigh Hotel in Richmond for twenty-one years and later, the Sheraton Motor Inn. In 1971 she became the first woman to serve on the board of directors of the Richmond Metropolitan Chamber of Commerce.

James A. Farley (M.D. '44), of Fort Worth, Tex., has been elected chief of the medical staff at Harris Hospital and the Fort Worth Medical Center.

Claude A. Frazier (M.D. '44), an allergy specialist in Asheville, N.C., was recently presented the annual layman-of-the-year award by the North Carolina Baptist Men's Convention.

John P. Bing (M.D. '46) is an emergency room department physician at Memorial Hospital in Martinsville, Va.

Patricia R. Perkinson (B.S., sociology '46; M.S., psychology '56) addressed the Mathews Woman's Club in October on the topic "Just What Do You Do Anyway?" She is secretary of the commonwealth.

Forrest W. Pitts (M.D. '47), medical director and superintendent at the Blue Ridge Sanatorium, was guest speaker for a one-day seminar for nurses in Front Royal, Va. The seminar was sponsored by the Virginia Lung Association.

Sanford L. Lefcoe (D.D.S. '48) has been awarded the State of Israel David-Ben Gurion Award. He was selected for the honor because of his leadership in the Norfolk-Virginia Beach community and for his dedication to Jewish causes here and in Israel. Dr. Lefcoe, a fellow in the International College of Dentists, is an associate professor at Old Dominion University.

Norma Gilmer Lynn (B.S., social science '48; M.S., rehabilitation counseling '67), of Spotsylvania, Va., has been certified as a braillist by the Library of Congress.

James E. Conner (B.S., psychology '49) has been appointed director of the state education agency staff development project by the Council of Chief State School Officers. Mr. Conner and his wife, **Margaret (Meg) W. Conner** (B.F.A., dramatic arts '49), live in Washington, D.C. Mrs. Conner is executive vice-president of the Women's Institute.

1950s

Anne Sullivan Hardesty (B.S., psychology '49; M.S., psychology '50) codirects the biometrics laboratory in the psychiatry department at the New York University School of Medicine. She earned her doctorate at Columbia University. Her husband, **Francis P. Hardesty** (B.F.A., commercial art '50), is an associate professor of developmental psychology at the City University of New York's Graduate School and University Center.

Lee W. Shaffer, Jr. (M.D. '50), an orthopedic surgeon, is the new president of the Roanoke Academy of Medicine.

William R. Johnson (certificate, interior design '51) is manager of the new Miller & Rhoads department store in Regency Square Shopping Center in Richmond. He has worked for the company for twenty-four years and formerly managed the Willow Lawn store.

Charles A. Wornom (B.S., pharmacy '51) has been elected chairman of the board of trustees of the Virginia Pharmaceutical Association. He also serves on the Hampton City Council.

Henderson P. Graham (D.D.S. '54) is president of the Virginia Board of Denistry. He lives in Marion, Va.

Leslie C. Ogilvie (D.D.S. '54) has been invited to take part in a people-to-people mission to Europe sponsored by the American Dentistry for Children association. As part of the visiting delegation, Dr. Ogilvie will meet persons from all phases of the dentistry profession to compare methods and procedures. He has been practicing dentistry in Purcellville, Va., for twenty-one years.

Fitzhugh Mayo (M.D. '55), chairman of the Department of Family Practice at MCV, has received the distinguished service award from the Virginia Farm Bureau Federation for his leadership in training rural physicians.

Winnifred Lindgreen Nelson Cave (B.F.A., dramatic art '58) lives in London, where she is an actress, director, and playwright. A candidate for the Ph.D. degree in English from the University of Birmingham, England, Wendy is writing her thesis on women playwrights. Recently, she directed Susan Glaspell's *Trifles* for the Questor's Theatre in London.

Ronald E. Townsend (B.S., physical therapy '58) has been cited for his work as a special project officer with the Air Pollution Training Institution, a division of the Environmental Protection Agency. He lives in Raleigh, N.C.

Charles A. Wilson (B.S., distributive education '58; M.S., rehabilitation counseling '67), who has been totally blind for twelve years, is a frequent speaker at motivation seminars for business firms and church and civic groups. He joined Globman's department store in Martinsville in 1961.

Frank L. Brooks (B.F.A., dramatic art '59) has established his own media production services firm in Richmond. He is heard on a number of regional and national radio and television commercials and is producer-director of two programs broadcast coast to coast on the Mutual Broadcasting System.

Barrett R. Bryant (B.S., pharmacy '59) has been chosen by the town council of Shenandoah, Va., to fill the vacant seat of mayor. He operates pharmacies in Shenandoah and nearby Stanley.

W. Harvey McWilliams (B.F.A. '59, M.F.A., printmaking '69) is teaching art at the University of Richmond. He recently received a national award for his exhibit design at the Virginia State Library, where he is special design coordinator.

Bonnie Williams Stone (B.S., distributive education '59) was Fredericksburg's nominee in the statewide competition for the teacher-of-the-year title. She is the distributive education teacher-coordinator at James Monroe High School.

1960s

George W. Ayers (B.S., social welfare '61, M.S., social work '66) is chief of social work services at the William S. Hall Psychiatric Institute in Columbia, S.C. Recently, he was appointed assistant professor of psychiatry at the University of South Carolina School of Medicine. He also had a paper on "Short Term Marital Therapy" published in *The Psychiatric Forum*.

Harry W. Murray (B.S., pharmacy '62), owner and operator of the Peoples Drug Store in Edinburg, Va., has been selected to serve on the board of directors of the Farmers Bank of Edinburg. He also is a member of the Shenandoah County Planning Commission.

Howard R. Sherman (B.S., business '62) has been awarded a Chartered Life Underwriter (CLU) diploma by the American College of Life Underwriters.

Gari B. Sullivan (B.S., business '62) has been elected president and chief administrative officer of the Bank of Goochland.

Clifford L. Brown, Jr. (B.S., business '63), of Staunton, Va., has been named controller of the American Safety Razor Company.

Charles M. Ewell, Jr. (B.S., business '63; M.H.A. '64) is director of Health Care consulting in Southern California for Arthur Young & Company of Los Angeles. He is also a lecturer in the School of Public Health at UCLA.

Ida M. Trusch (B.F.A., art '63; M.F.A., sculpture '70) is employed by Kings Dominion as an artist. Twenty of her wood and rope sculptures, inspired by her early maritime days on the Chesapeake Bay, were exhibited at VCU's Anderson Gallery last October.

James C. Windsor (M.S., psychology '63) is president-elect of the Virginia Association for Mental Health. He is president of Christopher Newport College in Newport News.

Theron P. Bell III (B.S., accounting '64; M.S., business '75), of Richmond, has been named capital region auditor for United Virginia Bankshares. In our last issue he was erroneously identified as Thomas Bell.

R. Edward Brown (B.S., business '64) is the first full-time certified public accountant in Urbanna, Va. Previously, he was associated with an accounting firm in Gloucester.

David L. Burton (B.S., journalism '64) has been promoted to associate city editor of the *Richmond News Leader*.

Terry M. Phelps (B.S., business '64), formerly sales manager for Cities Service Oil Company (Citgo) in Virginia, has been elected president and to the board of directors of Whiting Oil Company in Clifton Forge, Va.

Willie Anne Wright (M.F.A., painting '64) received a certificate of distinction in the Virginia Museum's "Virginia Photographers 1975" exhibit for her work in pinhole photography.

John C. Dameron (B.S., accounting '65) has been elected associate to partnership in Branch Cabell & Company of Richmond.

Inez N. Fridley (B.S., sociology and social welfare '66), a residence counselor at East Carolina University, was elected treasurer of the N.C. Association of Women Deans, Administrators and Counselors. She is also president of the Eastern Carolina Chapter of the National Organization for Women (NOW).

Alan B. Heilig (M.H.A. '66) has been promoted from associate director to vice-president in charge of administration at Sinai Hospital of Baltimore.

David E. Jones (B.S., pharmacy '66; M.S., business '69) has been promoted to manager of research and development cost analysis for the A.H. Robins Company, a Richmond-based pharmaceutical manufacturer.

Michael H. Boblitz (B.S., occupational therapy '67), coordinator of the transportation evaluation and training center at Moss Rehabilitation Hospital in Philadelphia, coauthored two papers presented at the joint annual meeting of the American Congress of Rehabilitation Medicine and the American Academy of Physical Medicine and Rehabilitation.

Ginger S. Branscomb (B.S., pharmacy '67) has accepted a position with the Virginia State Health Department, Bureau of Special Health, as director of budgeting and inspection of five state methadone programs.

Sarah K. Higginbotham (B.F.A., interior design '67) has been named an associate in Williams and Tazewell & Associates, a firm composed of architects, engineers, and interior designers in Norfolk.

Bob Jones, Jr. (drama '67), a photographer for Richmond Newspapers, was named photographer of the year for the fourth time in the past six years by the Virginia News Photographers Association.

William D. Teveri (B.A., history '67), who received his Juris Doctor degree from the T. C. Williams School of Law at the University of Richmond, is now vice-president of the Monticello Title Corporation of Charlottesville, Va.

Nancy C. Witt (M.F.A., sculpture '67), a sculptor and painter, held an exhibition of her works at the Yeatts Gallery in Roanoke, Va., last fall.

Jeffrey A. Bernstein (M.D. '68), of Atlanta, Ga., has been elected to fellowship in the American College of Obstetricians and Gynecologists, a national professional organization.

Roger D. Neal (M.D. '68; intern, '69) has joined the staff of physicians at the Johnston Memorial Hospital in Abingdon, Va., in the practice of otolaryngology. In other words, he treats ailments of the ear, nose, and throat.

Peter H. Ring (B.F.A., fine arts '68) held an exhibit of his paintings and etchings at the White House Galleries in Roanoke last fall.

Carolyn Pollack Smith (B.S., physical therapy '68) is conservation chairman of the Essex County Junior Woman's Club. Her husband, **Edwin E. (Bud) Smith** (B.S., pharmacy '67), is a pharmacist in Tappahannock.

H. Gerald Smith (M.H.A. '68) has been named assistant administrator of Union Hospital in Terre Haute, Ind.

Kyle D. Spangler (B.F.A., communication arts and design '68) has had his photographs exhibited at the Virginia Museum in Richmond and at Virginia Intermont College.

W. Barry Stevens (B.F.A. '68; M.F.A., painting and printmaking '70), whose work was exhibited last fall at the Bridgewater College art gallery, is teaching at Virginia Intermont College in Bristol.

David R. White (B.S., advertising '68), of Richmond, has been elected executive director of the Virginia Society for the Photographic Arts.

Thomas E. Baker (A.S., law enforcement '69; B.S., social welfare, '70; M.S., rehabilitation counseling '75) is now an assistant professor in the Department of Sociology at the University of Scranton in Pennsylvania.

David B. Bradley (B.S., advertising '69), formerly executive vice-president for the Chamber of Commerce in Fairfax County, has joined WVPT public television in Staunton, Va., as director of development.

Robert R. Ford, Jr. (B.M., piano '69), organist-choir director at Chamberlayne Heights Methodist Church in Richmond, opened the concert series at St. Christopher's Middle School last fall with a piano recital.

David K. Hunt (B.S., accounting '69), of Richmond, has been promoted to senior vice-president of the BankVirginia credit card company.

Michael H. McKeever (B.S., business '69) has been named manager of the Jefferson Savings and Loan office in Roanoke.

Robin Reeves Reynolds (B.F.A., fashion art '69) is employed in the advertising department of Heironimus department store in Roanoke.

1970s

Jack A. Brightwell, Jr. (M.S., rehabilitation counseling '70) has been named director of vocational rehabilitation services for the Virginia Department of Mental Health and Mental Retardation.

Lewis D. Clarke, Jr. (A.S., data processing '70) has been appointed director of systems and procedures and of the regional data center for the Robertshaw Controls Company in Richmond.

John W. Fanning (M.S., rehabilitation counseling '70) is director of mental retardation services for Mental Health Services of the Roanoke Valley. He also is an instructor at the University of Virginia and Virginia Western Community College.

Ray C. Ford (M.S.W. '70) is currently a case work supervisor for the Henrico Juvenile and Domestic Relations Court.

Carolyn (Kay) Drinard Grinnan (M.Ed., counselor education '70) was selected official hostess for the 1975 National Tobacco Festival in Richmond last October. She is a former teacher and guidance counselor in Henrico County public schools.

Anne Ashe Higgins (B.M., music education '70) is the director-organizer of the Dominion Singers, a choral group of some sixty-five members from Surry, Sussex, Petersburg, and Colonial Heights. The organization performs concerts and sponsors musical contests.

Robert W. Hill (B.F.A., fashion design '70) has joined Roanoke Mills as a designer of ladies' contemporary knit tops.

Janet Natalie Kent (B.S., physical education '70), an elementary physical education consultant, has been chosen teacher of the year in Henrico County. Last summer she represented the U.S.

The five alumni associations honored President T. Edward Temple (third from left) by hosting a special performance at the Virginia Museum Theatre on the eve of his inauguration, December 3. Pictured receiving alumni guests are, from left to right, Dr. Francis J. Brooke, provost of the Academic Division; Margaret Ann Temple Sharman, President Temple's daughter; Temple; Marshall E. Murdaugh, vice-president of the VCU Alumni Association (Academic Division); Dr. O. T Graham, president of the MCV Alumni Association; and Wilda M. Ferguson, president of the Social Work Alumni Association.

at an international Red Cross contact camp for handicapped youth in Norway.

David E. Mullins (M.D. '70), who has completed his tour of duty in the Air Force, is at the Eugene Talmadge Memorial Hospital, Medical College of Georgia, where he has a two-year fellowship in nephrology.

Rubin Peacock (M.F.A., sculpture '70) recently held an exhibit of his paintings and sculpture at the University of Richmond.

James H. Deboe, Jr. (M.D. '71; internship '72) is practicing general family medicine in Dugspur, Va.

Francine S. Haymes (B.S., distributive education '71; M.Ed., counselor education '75) is currently employed as a guidance counselor at Patrick Henry High School in Powhatan, Va.

Janet Adams Pak (B.S., elementary education '71), an elementary teacher at Enon Elementary School in Chester, Va., has completed the Master of Education program at Virginia State College.

Gaye W. Poteet (M.S., nursing '71) is head of Piedmont Virginia Community College's associate degree program in nursing.

David A. Purdum (B.F.A., communication arts and design '71) has been promoted from designer to art director at Brand Edmonds and Packett, an advertising agency in Salem, Va.

Harry P. Sellers (A.S., data processing '71; B.S., business administration '73) has been appointed administrative data processing manager at Virginia Western Community College.

Mary McKendrick Willems (B.S., nursing '71) lives in Monterey, Calif. Recently, she was visited by **Marijke Pieters** (B.S. nursing '70), who has just returned to the States after working as a nurse in Australia for the past three years.

Raymond H. Chenault, Jr. (B.M., applied music '72) has been appointed organist and choirmaster at All Saints Episcopal Church in Atlanta, Ga.

Reid J. Daitzman (M.S., clinical psychology '72) is assistant professor of psychiatry and psychology at the University of Virginia School of Medicine. He is also associated with the medical school's Adult Psychiatric Clinic as assistant director and chief psychologist. After a year's clinical internship at the Lafayette Clinic in Detroit, he completed his Ph.D. at the University of Delaware in 1975.

William J. Harvey (B.S., economics '72) is a student in the M.B.A. program at the University of Virginia's Colgate Darden Graduate School of Business Administration. He was formerly associated with Central National Bank of Richmond.

Edward E. Holstrom, Jr., (B.S., history education '72) has been appointed head basketball coach at Gloucester (Va.) High School. He inherits a team that went 0-20 last season.

Gary C. Morgan (B.F.A., communication arts and design '72), a second lieutenant in the Air Force, has graduated from the navigator training school at Mather AFB, Calif. He is now assigned to MacDill AFB, Fla., for flying duty with a unit of the Tactical Air Command.

James A. Pollard (D.D.S. '72), who recently completed three years of service with the U.S. Navy in Spain, has begun his practice in Onancock, Va

Robert B. Prince (B.A., history '72) is a first lieutenant in the Air Force and is now stationed at MacDill AFB in Florida. Previously, he was stationed in Alaska

Sandra White Ruggles (B.M., voice '72) gave a recital, sponsored by the Richmond Civic Opera Association, at St. James Episcopal Church last fall.

Phillip B. Trumbo (B.F.A., painting and printmaking '72), a painter and filmmaker, has produced two award-winning short animated films and five television commercials which were nominated for the broadcast industry's "Cleo" award. He is currently working on a science fiction film financed by a grant from the Virginia Bicentennial Commission. Trumbo also organized the Richmond Artists Co-op and took part in its show at the University Gallery in Norfolk last October.

Kenneth Valentin (B.S., law enforcement '72; M.S., rehabilitation counseling '75) is a rehabilitation counselor at Central State Hospital in Petersburg, Va. His wife, **Christine Barnes Valentin** (B.F.A., art education '72), currently teaches art at Liberty High School in Ashland.

James R. Wood (M.H.A. '72) has been appointed administrative director at the Memorial Medical Center in Savannah, Ga.

John M. Bass (D.D.S. '73) left the Air Force in August and has now set up a practice in general dentistry in South Hill, Va.

Errett Callahan (M.F.A., painting and printmaking '73), an instructor in experimental and living archeology at VCU, is one of about a dozen recognized experts in the field of lithic technology. He has authored and edited several books and articles on archeology.

Dulcie Murdock Coleman (B.S., journalism '73) is editorial assistant for *Advance*, a news publication of the Virginia Department of Mental Health and Mental Retardation. She lives in Richmond.

Hugh J. Davis (M.H.A. '73) has joined St. Luke's Medical Center, Sioux City, Iowa, as an assistant administrator.

David M. Deviese (D.D.S. '73) has established his practice in Madision, Va. Previously, he practiced for two years at Robins Air Force Base in Georgia

J. Richard Faulkner, Jr. (B.S., social welfare '73) is a federal probation officer with the U.S. District Court in Alexandria.

Lynn Loewenthal Fielding (B.M.E., '73) teaches music in Campbell County, Va., schools. She and her husband, **Charles S. Fielding** (B.S., business administration '73), sing with the Fine Arts Center Chorus in Lynchburg.

Lynne Mallory Herbert (M.S., rehabilitation counseling '73) is on the faculty of Rappahannock Community College in Warsaw, Va. She is both a counselor and an instructor in social science.

Stephen L. Kennamer (music '73) writes the Richmond Symphony's program notes and teaches music theory and composition in Richmond.

Lydia Adkins Owens (B.S., history and social science education '73) is acting children's librarian at the Blue Ridge Regional Library, serving Henry and Patrick counties.

Richard M. Pearlstein (resident '73) has been named emergency department physician at the Memorial Hospital in Martinsville, Va.

Benny G. Reid (M.Ed., administration and supervision '73) is serving his first year as principal of Wilton Elementary School in Hartfield, Va.

Aleda Hays Rickelton (M.S., genetics '73) is in charge of biochemical testing for genetic disorders at Bowman Gray School of Medicine in Winston-Salem, N.C. She also serves as a genetic counselor for children with birth defects and their parents.

Shirley D. Robertson (M.Ed., special education '73) is youth consultant for the Virginia Baptist teaching and training department in Richmond.

John S. Scully IV (B.S., business administration '73) has joined Colony Realty in Winchester, Va. A graduate of the Realtors Institute at the University of Virginia, Scully was formerly employed by Morton G. Thalhimer Realtors in Richmond.

Robert W. Thompson II (B.S., advertising '73), a producer-composer with Richmond's Alpha Audio Recording Center, was one of six professional semifinalists in the 1975 American Song Festival.

Kenneth W. Willis (B.F.A., crafts '73), who recently held an exhibition at the University of Richmond, had works accepted in the juried artists exhibition at the Roanoke Fine Arts Center.

Jane Piland Baker (B.S., elementary education '74) is currently a graduate student in the Department of Counselor Education at the University of Scranton in Pennsylvania.

Jesse W. BeVille, Jr. (B.M.E. '74), a member of the University of Virginia Singers and choral director at Charlottesville High School, gave a recital sponsored by the Richmond Civic Opera Association last fall.

R. Keith Burton (B.S., psychology '74) is now a sales representative with the Gillette Company in Tampa, Fla.

Frank T. Lira (M.S., psychology '74) has received his Ph.D. in clinical psychology from VCU.

Charla B. Malstrom (B.F.A., fashion design '74) is production manager for Ce Ce Designs, a custom skirt and handbag manufacturer. She lives in Richmond.

Dewey L. Searcy (B.S., business administration '74) is currently working as credit manager for Richmond Engineering Company.

Larry N. Steel (B.S., mass communications '74), public safety reporter for the *Suffolk News-Herald,* has won a second place award for feature writing from the Virginia Press Association. He lives in Franklin, Va.

J. Stalor Turner III (B.S., accounting '74) is finance director for the city of Colonial Heights, Va.

Leonard J. Varmette, Jr. (M.H.A. '74) has accepted a position as an emergency medical services planner with the Virginia Department of Health's division of special health services.

Carlton P. Brooks III (B.S., mass communications '75) is news director at WRFK-radio in Richmond.

William F. Gandel (M.S., rehabilitation counseling '75), who was recently appointed publicity chairman for the Southside Virginia chapter of the Virginia Council on Social Welfare, has been promoted by the Petersburg Department of Public Welfare to senior social worker in child welfare. His graduate research project is being used as a guide by that agency in initiating a program of soliciting new foster parents.

Jesse L. Harrup, Jr. (B.S., business administration '75) is a cost analyst in the industrial engineering department at Titmus Optical Company in Petersburg.

Dorris S. New (A.S., general secretarial '75) recently passed the certified public secretarial (CPS) exam. She lives in Richmond.

Donnie B. Stowe (M.S., rehabilitation counseling '75) has been employed by the Collinsville Alcohol Treatment Center to work with adult alcohol problems and to operate the center.

B. Matthew Thompson (B.F.A., painting and printmaking '75) recently participated in a two-man exhibition in the Marsh Gallery at the University of Richmond.

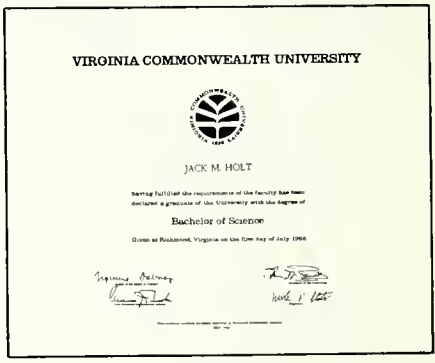
George A. Thomas (B.S., urban studies '75) has been named senior program coordinator for the Central Virginia Commission on Aging.

Jeanean W. Duke (M.S., business '76) is currently a business teacher-coordinator at Hermitage High School in Richmond.

Van Nicholas Peace (B.S., marketing '76) has joined A.H. Robins Company, Richmond-based pharmaceutical firm, as a medical service representative in the Richmond area.

Diplomas, Rings and such

Do you wish you had a class ring? Would you like a confirmation diploma from VCU? How would you like a copy of Dr. Hibbs's history of RPI? Or how about a campus watercolor? All of these items are available from the VCU Alumni Activities Office. Here are the details.


VIRGINIA COMMONWEALTH UNIVERSITY

JACK M. HOLT

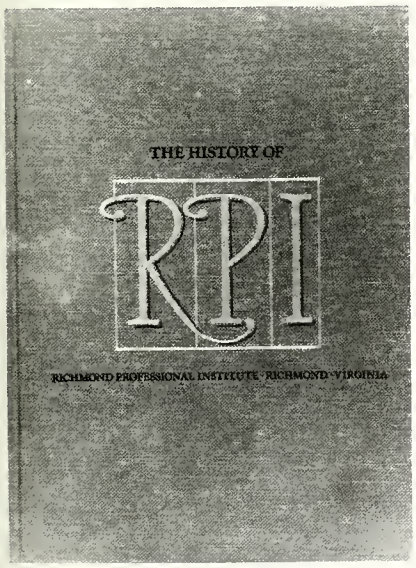
Bachelor of Science

Confirmation diplomas

If you earned a degree (not a certificate) from the Richmond Professional Institute prior to its becoming Virginia Commonwealth University, you can get a confirmation diploma from VCU. Just write for an application form and return it along with $10 to cover the cost of the new diploma.

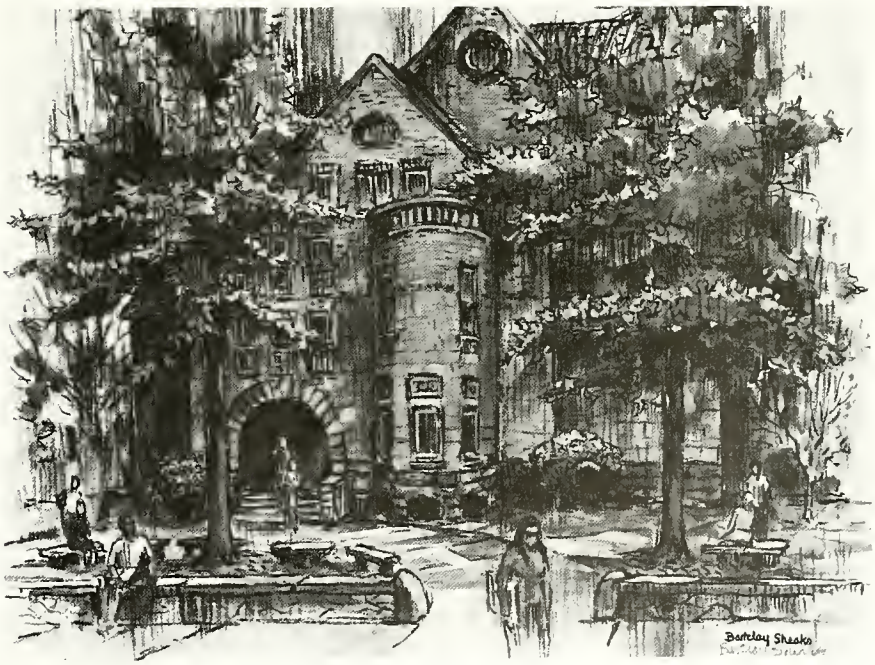
Class rings

Even if you failed to buy a class ring while you were a student, you can now order one through the Alumni Activities Office. Rings for both men and women are available in a wide variety of styles. For more information and a price list, write for a ring order kit and please specify whether the ring is for a man or a woman.



A history of RPI

RPI's first president, Dr. Henry H. Hibbs, has written an entertaining and handsomely illustrated *History of Richmond Professional Institute.* He traces the development of the school from its unpretentious beginning in 1917 to its becoming Virginia Commonwealth University in 1968. This book, published by the RPI Foundation, is available exclusively through the Alumni Activities Office. Copies are $12.50 each.



Campus watercolors

A limited number of 16″ x 20″ watercolor prints of the Egyptian Building on the MCV Campus and the Administration Building (the old Ginter Mansion) on the Academic Campus are still available. These limited-edition prints are individually signed reproductions of paintings by Barclay Sheaks, a 1949 alumnus. Sheaks, who is one of Virginia's foremost artists, was commissioned by the Alumni Activities Office to execute only 250 copies of each of these lovely watercolors. The prints are $25 apiece.

For additional information about any of these items, please contact the Alumni Activities Office, Virginia Commonwealth University, 828 West Franklin Street, Richmond, Virginia 23284, or telephone 804/770-7125. Checks should be made payable to Virginia Commonwealth University.

1976 Alumni Travel Program

VCU alumni have their choice of four exciting tours during 1976. For the first time the Alumni Activities Office is sponsoring visits to Moscow-Leningrad and to Hong Kong. And we're also repeating our popular trips to London and to Athens. Details of the travel plans are listed below. **Moscow and Leningrad** The dates for your Russian adventure are May 14-21, 1976. The tour price of $599* includes round trip transportation aboard an Aeroflot jet, accommodations with private bath in centrally located first class hotels, three full meals a day, sightseeing, theatre performances, a cocktail party, and a gala farewell banquet. **Hong Kong** The British Crown colony of Hong Kong, crossroads of the Orient, is your unique vacation spot for twelve days and ten nights, June 25-July 7, 1976. The surprising low price of $599* includes your round trip charter flight aboard a TransInternational Airlines DC-10, deluxe hotel accommodations, full-course breakfast daily, sightseeing, and many extras. **London** The base price for your eight-day visit to London, August 9-17, 1976, is $389*. This price includes round trip jet transportation, accommodations in first class hotels, continental breakfast daily, and dinner four evenings on the popular dine-around plan. **Athens** The classic ruins of ancient Greece can be yours to behold on your tour to Athens, October 13-21, 1976. The cost of the tour is $449*. The price includes round trip jet transportation, deluxe hotel accommodations, continental breakfast daily, gourmet dinner (or lunch) each evening, and tours of the Acropolis and the Athens Museum. For more information about these tours and the alumni travel program, please contact the Alumni Activities Office, Virginia Commonwealth University, 828 West Franklin Street, Richmond, Virginia 23284, or telephone 804/770-7125. *There is, in addition to the base price, which is subject to change, a 15% tax and service charge. The price per person is based upon double occupancy. All tours depart from Dulles International Airport near Washington, D.C., and are open to the alumni, faculty, and staff of Virginia Commonwealth University and their immediate families. Make reservations now.

Virginia Commonwealth University
Alumni Activities/Development Offices
828 West Franklin Street
Richmond, Virginia 23284

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